

The United States Army presents an interactive life preservation training program



THE HOWE





FACILITATOR'S GUIDE

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Disclaimer

The concept behind the development of this training tool using the Virtual Experience Immersive Learning Simulation (VEILS®) methodology is built around the Lincoln University Model for Suicide Prevention and its Life Preservation Index. The model views suicidal ideation and behavior as the result of a combination of structural, cultural, social and individual factors. The index outlines how social connectedness serves as an effective buffer towards suicidal ideation and subsequent suicidal behavior. This multi-dimensional approach, combined with the methodology of WILL Interactive, Inc., led to the development of the story lines in this VEILS®.

Lincoln University, the Army Research Laboratory and WILL Interactive, Inc., the producers of this VEILS®, disclaim any and all responsibility for any action that any individual takes—or does not take—under any circumstance in real life.

The purpose of this VEILS® is to share information and stimulate thought about situations and issues that may be encountered in real life. It does not provide any guidance and is not a source of any policy. Individuals should

always assess the unique circumstances of each situation they encounter and respond as they determine to be appropriate based upon the aggregate of their knowledge and experience.

This VEILS® is not intended to prescribe any course of action to be followed in any real-life situation, whether or not that situation is the same as—or similar to—one portrayed in this VEILS®. This VEILS® does not replace human interaction in any manner whatsoever.

A portion of the research for the development of this training tool was sponsored by the Army Research Laboratory and was accomplished under Cooperative Agreement Number W911NF-07-2-0062. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied, of the Army Research Laboratory or the U.S. Government. The U.S. Government is authorized to reproduce and distribute reprints for Government purposes notwithstanding any copyright notation hereon.

More Information

This Virtual Experience Immersive Learning Simulation (VEILS®) is a component of the Life Preservation Training curriculum offered through Lincoln University-Missouri's Center for Suicide Prevention Research and Studies.

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For more information about **The Home Front** and/or other WILL VEILS®, visit www.willinteractive.com or call 1-877-ALL-WILL (255-9455).

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INTRODUCTION



Lincoln University, an historically Black university founded in 1866 by the enlisted men and officers of the 62nd and 65th United States Colored Infantries, is located in Jefferson City, Missouri. These heroic men, who fought for the freedom of African Americans and the stability of the Union, continued a civilian war against the absence of education for African Americans. What began as a conversation around a campfire at Ft. McIntosh, Texas became a blueprint for an institution that today boasts a diverse student population and nationally accredited programs. Given its humble yet determined beginnings, Lincoln University is honored and deeply appreciative to have worked with the United States Army in the 21st century as a partner in developing two suicide prevention and training tools.

The collaboration between Lincoln University, the Army Research Laboratory, WILL Interactive, Inc., and the Office of the G-1 has produced a second training module for suicide prevention. Those involved in this effort include:

Lincoln University

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Office of the G-1

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WILL Interactive

Grady Weatherford Director

Karen Palting Senior Producer

Vallery Linn Producer

Chris Stezin Writer

RUNNING THE PROGRAM

The Home Front is available in both disc and online formats. If you are using the disc version, the program should automatically launch in your default web browser when it is inserted in your computer's DVD drive. If your computer does not have the required version of Adobe Flash, you will automatically be prompted to install it. If the program does not self-start, please complete the following steps:

Windows Users

- 1. Insert **The Home Front** into your DVD-ROM drive.
- 2. If **The Home Front** does not self-start within 30 seconds, follow the next steps:
 - a) Open Windows Explorer (My Computer) and browse to your DVD drive.
 - b) Double-click on "The_Home_Front.exe".

Mac Users

- 1. Insert **The Home Front** into your DVD-ROM drive.
- 2. Double click on the **The Home Front** disc icon on your desktop (or browse to it's location in the Finder).
- 3. Double click on "The_Home_Front.app".

System Requirements:

- Windows XP, Vista, or 7 / Mac OS 10.4 or higher
- Adobe Flash Player 10+
- 1GHz or faster processor (2GHz recommended for full-screen playback at high resolutions)
- 256MB of RAM (512MB recommended)
- DVD-ROM Drive
- Video Card & Display (1024 * 768 minimum resolution)
- Sound Card & Speakers / Headphones
- Keyboard & Mouse

TECHNICAL SOLUTIONS AND SUGGESTIONS

Projecting for a Large Audience

The Home Front can be projected onto a screen for large audiences, given the right equipment, *if the classroom/audito-rium is already set up to project multimedia*.

If the classroom auditorium is only set up to use or project TV/VCR images and you want to project **The Home Front**, you have two options.

- 1. Large Computer Monitor (21" or more) for a small group.
- 2. Computer Projection System with LCD projector for large groups.

Graphics/Color Issues

The Home Front is designed to work best in a screen resolution of at least 1024 by 768, with at least High Color (16 bit) color palette/depth.

INTERACTIVE MOVIE OVERVIEW

The Home Front is a Virtual Experience Immersive Learning Simulation created to address some of the need for suicide awareness training and prevention for the U.S. Army. The instructional content of the program is based on Lincoln University's Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors. The program also incorporates elements of the U.S. Army Public Health Command's Suicide Awareness for Soldiers/ACE curriculum as well as a resiliency component.

Goals

The goals of this program are: to provide you with basic knowledge in recognizing the warning signs and risk factors for suicidal ideation in others and in yourself; to provide insight as to how to intervene to help possible victims; to educate you regarding the causes of suicidal ideation and behavior; to stress the importance of developing and maintaining strong social bonds; to convey that mental wellness and awareness of high-risk situations can reduce the likelihood of acute depression and suicide in the future; to provide a guide for emotional balance and resilience as protective factors; and, to encourage the development of critical thinking, decision-making and problem–solving skills to help prevent suicide.

Instructional Design

The software allows you to assume the roles of fictional characters and to see the consequences of the behaviors you select in a non-judgmental interactive movie. The software engages, entertains, and utilizes behavior modification techniques and skills that include: reinforcement (both positive and negative), critical thinking, decision-making, communication, problem solving, building on existing strengths and learning through consequences.

THE HOME FRONT

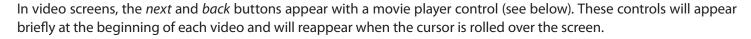
TIPS FOR PLAYING

Navigating the Program

When a vignette plays to its conclusion, the program will automatically move to the next screen. You must manually click out of text screens.

The next and back buttons appear at the bottom of almost all screens.

- The back button K BACK allows players to go back and make a different choice.
- The next button NEXT >>> sends players to the next screen or video.



Clicking on the *menu button* returns the player to the beginning. Prior navigation will not be saved. The *voice over button* toggles voice-over audio recordings of the on-screen text. When the button is set to the position, voice-over will be heard; when it is set to voice over, it will not be heard. The *full-screen button* toggles full-screen mode. You can expand the program to full-screen view by clicking on . When in full-screen mode, click the button again to exit full-screen and return to normal view. You may also use the ESC key to exit full-screen mode at any time.

Choices are highlighted as they are made, so when you back up, get "kicked back" into an earlier part of the program, or return to the menu and start over, all decisions previously made will be highlighted. These highlights only indicate previous choices; they do not stop you from making the same choice again. In order to erase these highlights, you must refresh and/or restart the program.

Movie Player

When you start the interactive movie or make a decision, the movie player window will appear. The movie should begin automatically.

Several other controls are available on the tool bar below the video:

- **Play/Pause.** Once the movie has started, the play button will turn into a pause button when you click the pause button, it turns into a play button again.
- **Stop.** Click the stop button any time to stop the video. Click the play button to resume the video from the beginning.
- **Running Bar.** You can move back and forth within a video by clicking and dragging the running bar directly below the video.



• Closed Captioning. This button toggles the visibility of text captions for video dialogue. When the button is set to the position, closed-captions will be displayed; when it is set to cc they will not be displayed.

PLAYBACK PROBLEMS

Video Skips and Hesitations

The Home Front is not made for older computers. Skips and hesitations in the video indicate that part of your computer cannot keep up. This is generally caused by a lack of either CPU processor speed, amount of physical memory (RAM) or both.

If you have the minimum system requirements, you may be able to improve performance by closing all other applications and/or decreasing your desktop resolution.

No Sound

Double-check the wires—ensure that your speakers are properly connected, that they are turned on and the volume is up.

If you still do not have sound, contact your computer support team and tell them you may have a problem with your sound card or speakers.

USAGE OPTIONS AND TIME REQUIRED

The Home Front is designed for use as both a facilitated instructional tool and as a self-instructed, self-paced activity. Choosing the instructional method depends on available time, resources, and personal preferences.

When using the program individually, one complete pathway for both characters can be finished in approximately one hour.

Warning:

Although there are no explicit depictions of suicide or death, **The Home Front** is based on real events. Survivors of suicide and/or combat veterans may have strong reactions to some of the situations depicted in the VEILS®. Warning: vivid combat re-enactment scenes¹

¹ According to Bryan, L.E. Dhillon-Davis and K.K. Dhillon-Davis (2009), viewing video-based media has been found to be a safe educational tool.

SELF-INSTRUCTION

The Home Front is designed to function as a facilitated instruction tool and as a self-instructed, self-paced activity. You may elect to work individually or in small groups.

Schedule instruction time so a facilitator/instructor can be available for consultation whenever possible.

Pay close attention to the choices that you make and the information provided following your decision. The information presented may reinforce your decision. Other times, it may ask you to reconsider your decision. The scenarios that follow as the result of your decisions should also make you think about the quality of the decision that you made.

Synopsis of Discussion Points

- 1. Recognize warning signs of suicidal ideation;
- 2. Recognize risks factors for suicidal behavior;
- 3. Emphasize the importance of social support (family, friends, spirituality and religious practices) in preventing suicidal ideation;
- Identify the role of effective communication skills in addressing behavioral health issues;
- 5. Describe the importance of balancing family and career duties;
- 6. Enhance awareness about resources available to military families regarding behavioral health issues; and,
- 7. Explain the importance of resiliency as both a coping mechanism and a tool for self-preservation.

These discussion points serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

Thank you for your commitment to life preservation and for your time as the group facilitator.

PROGRAM DIAGRAMS

The purpose of the program diagrams, **pages 11-22**, is to provide a reference and guide for navigating the pathways. The duration for completion of pathways are provided and are based on playing "straight through" to an outcome and pausing for text screens. Following a bad outcome and being returned to the beginning of the program, backing up to explore multiple choices, and longer pauses at text boxes have not been factored into the approximate playing times.

In order to present the most efficient and understandable representation of the program, these diagrams move from choice to choice. The videos and text boxes that populate the program between choices are not indicated. There may be several video clips and text boxes between any two choices.

Page 10 contains the key for the diagrams and their color coding.

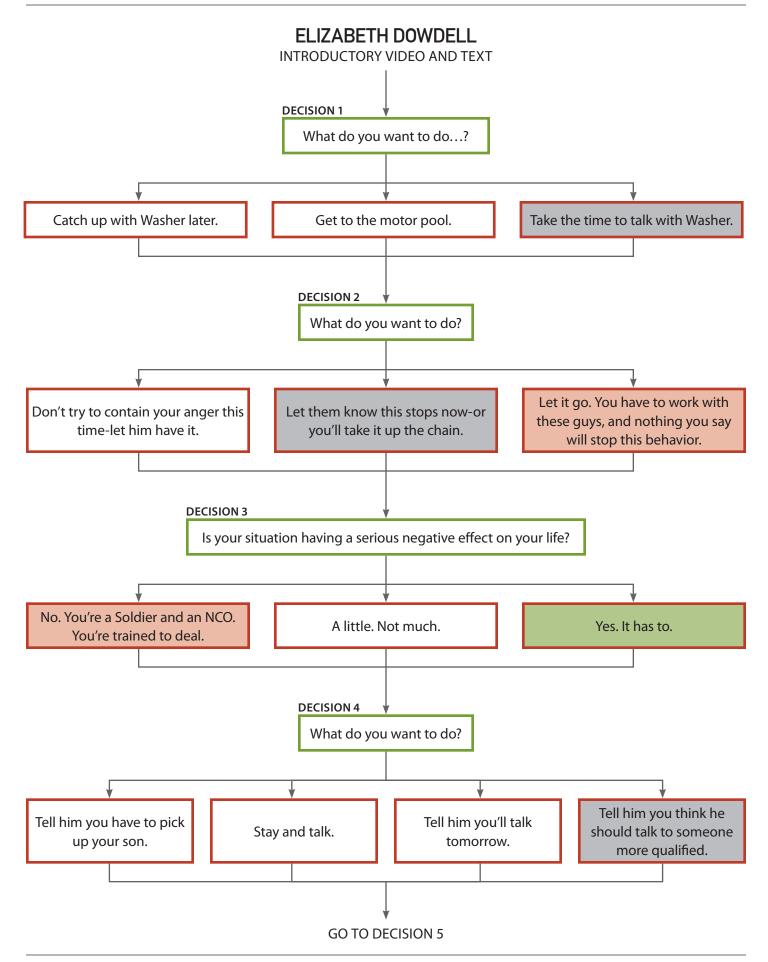
NOTE TO USER:

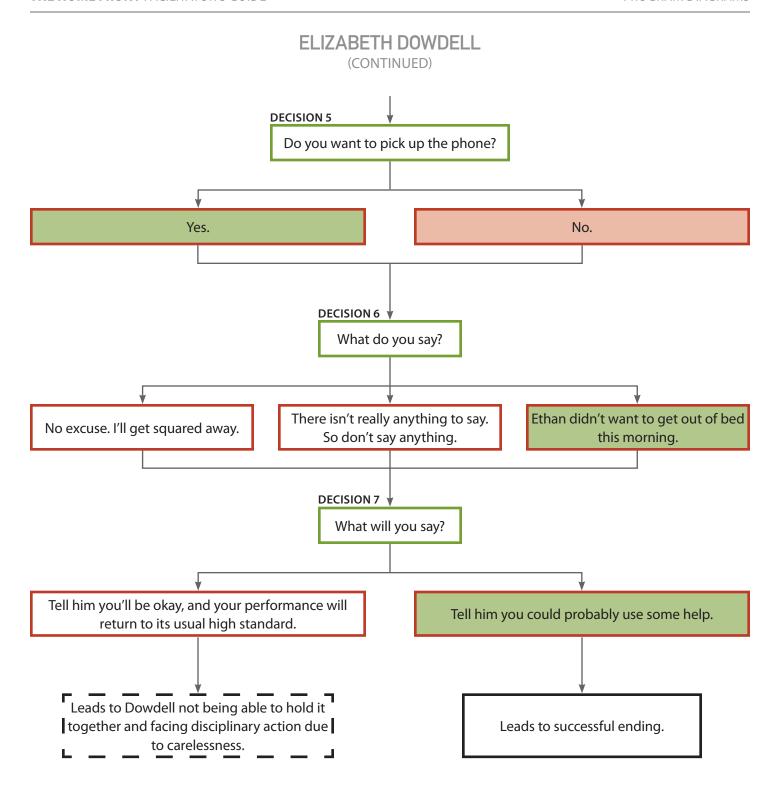
For individual play, it may be beneficial to copy these diagrams. Each decision has been numbered to aid in facilitation; you can walk through a specific pathway using the decision numbers (e.g.—"At Dowdell decision number five, "Do you want to pick up the phone?" choose 'Yes.' At decision number six, choose 'Ethan didn't want to get out of bed this morning,' etc.)

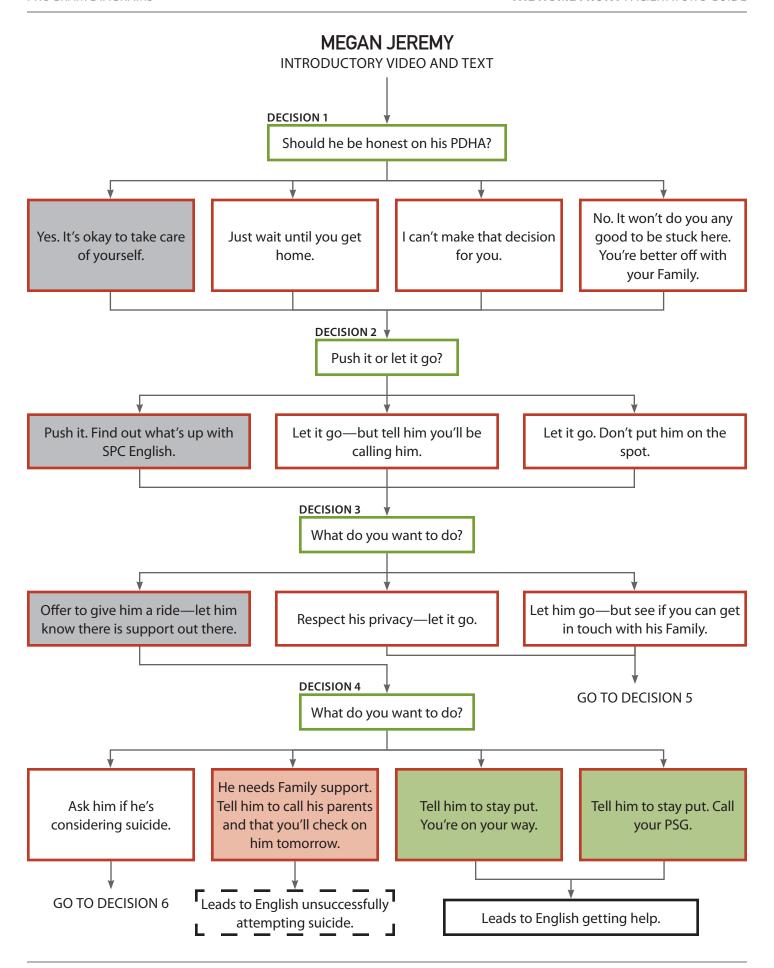
The diagrams are provided as aid for the navigation to bad and good outcomes. They should not be interpreted as a linear step-by-step guide for using the program. The interactive methodology used to build the program will prevent the user from reaching certain decision points (especially when a bad outcome occurs). In these instances the user is redirected to a decision point to allow alternative choices for a positive outcome.

Diagram Key

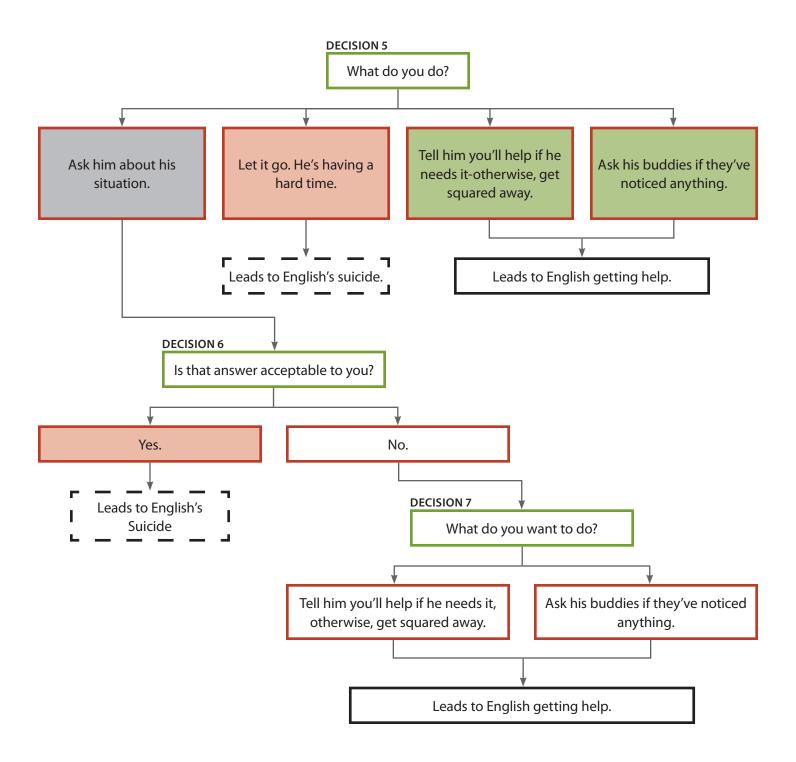
Question **Green Box** = Choice/Active Link — No effect on ending Red Box / No Fill = Choice/Active Link — Best choice, but no effect on ending Red Box / Blue Fill **Choice/Active Link — Pathway to positive ending** Red Box / Green Fill Choice/Active Link — Pathway to bad ending Red Box / Red Fill = No Box **Navigation Positive Ending** Black Box **Bad Ending** Broken Black Box

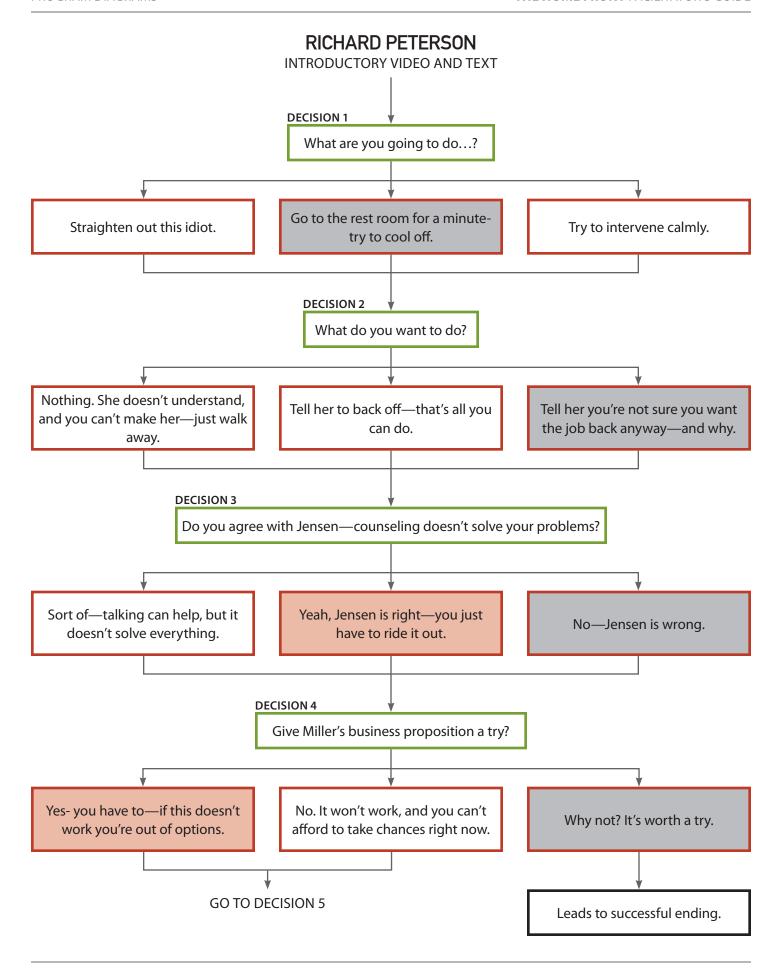




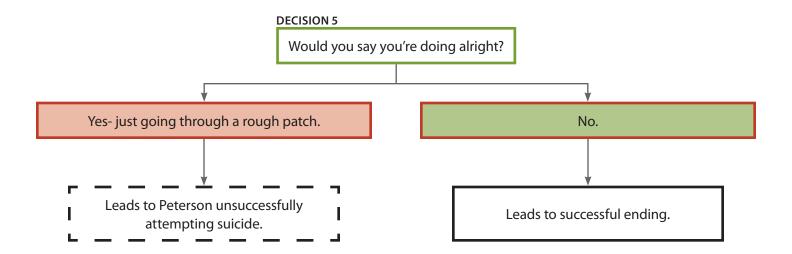


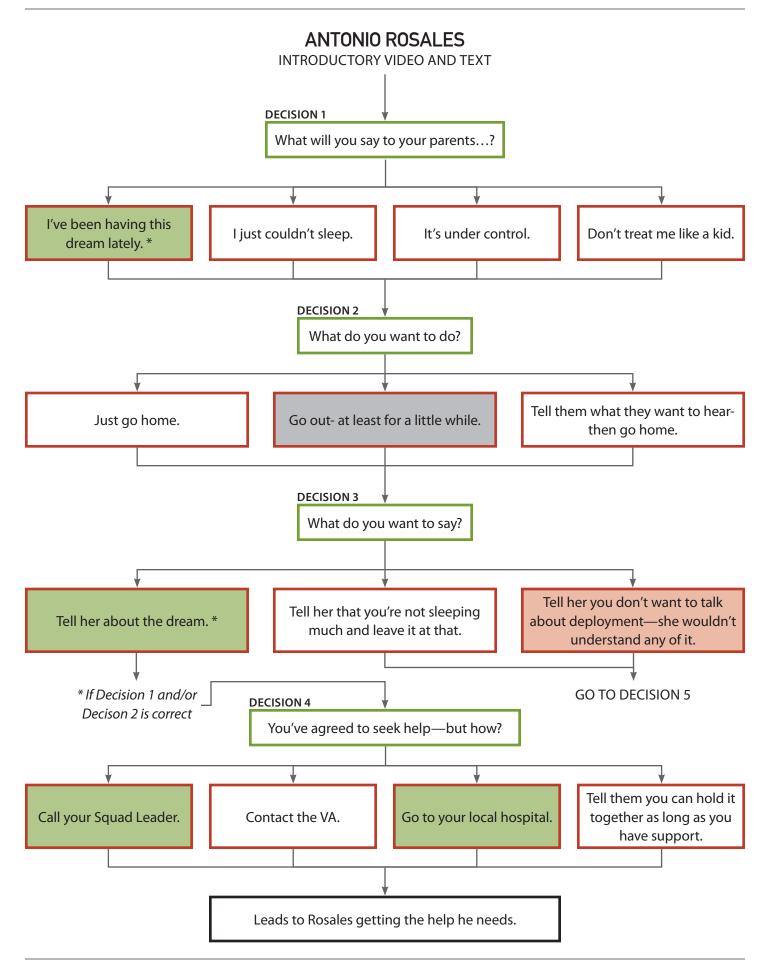
MEGAN JEREMY



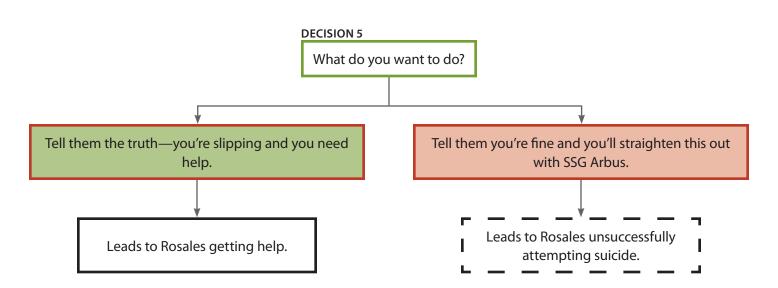


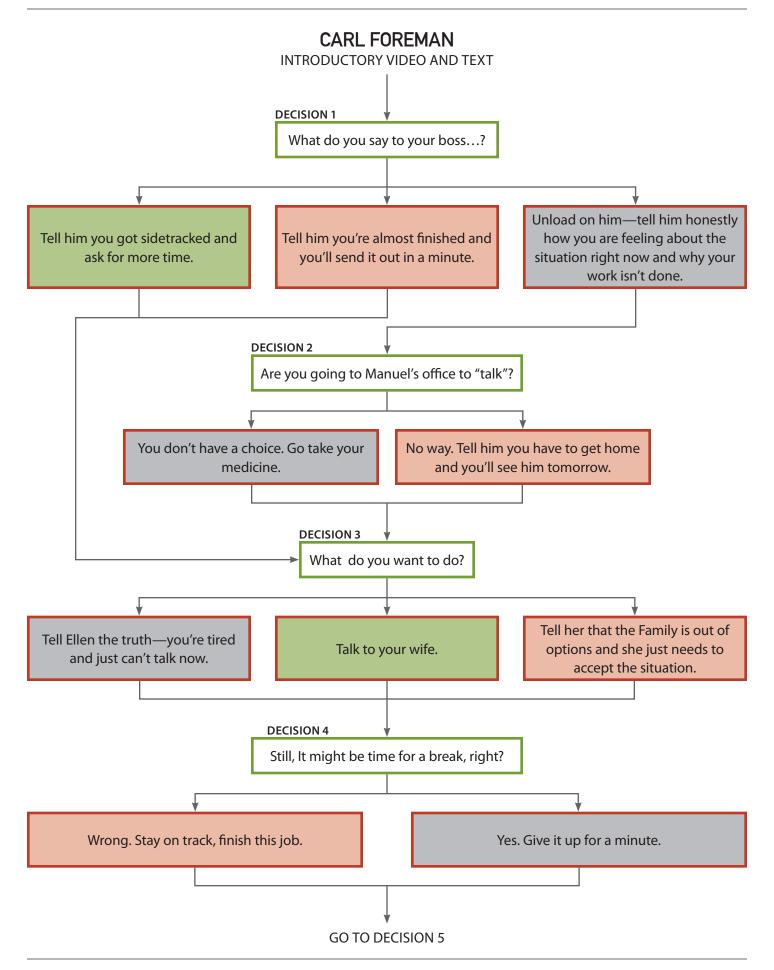
RICHARD PETERSON

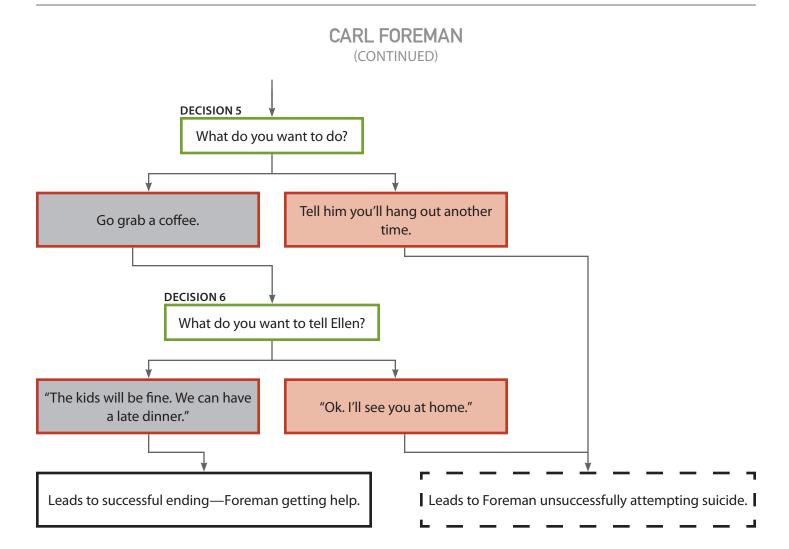


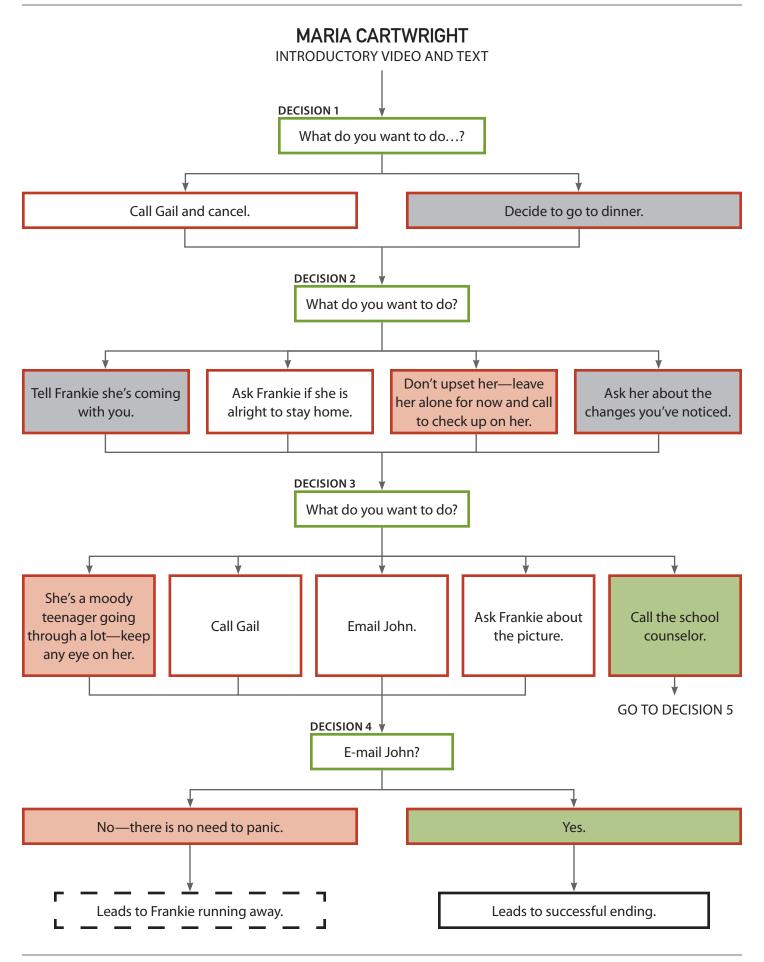


ANTONIO ROSALES

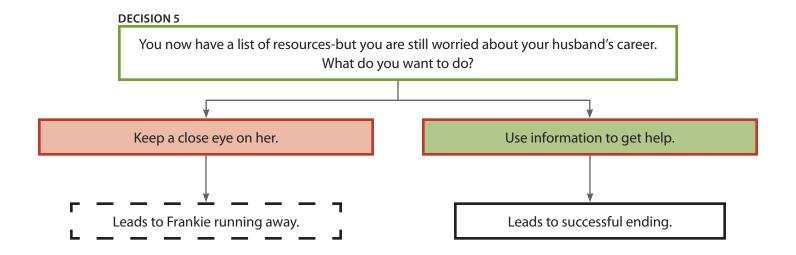








MARIA CARTWRIGHT



SUGGESTIONS FOR THE FACILITATOR

1. Welcome Trainees

Explain to your students that this VEILS® program is about life preservation, specifically teaching Suicide Awareness and Prevention. Emphasize that this knowledge is critical to the successful accomplishment of the Army's mission to thoroughly educate its employees regarding best behavioral health practices. The instructional content of the program is based on Lincoln University's Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This Model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors.

This VEILS® program:

- Presents the major issues of Suicide Awareness and Prevention
- Introduces concepts of Risk Factors, Warning Signs, Compounding Factors, Protective Factors
- Sharpens observation and critical thinking skills
- Demonstrates the ways in which to apply Army Core Values to behavioral health issues
- Attempts to reduce the stigma associated with behavioral health issues
- Encourages members to be proactive in seeking help for both themselves and their buddies

Inform students that they will use the interactive video to learn about risk and protective factors related to suicide and engage in role-taking and role-playing by making decisions for each main character. In assuming the role of the main character, the decisions the students make will have subsequent positive, life-saving, or negative, life-threatening, consequences.

2. Administer Lincoln University Survey²

Located in Appendix B, this survey will be given before the initial viewing of the video and after the final viewing of the video. All participants will be assigned the same unique identifier for both surveys. Please make sure that each student writes his/her assigned number on both surveys.

3. Starting the Video

Play the introduction video by clicking "Next" from the last page of opening text.

² This survey is NOT mandatory.

4. Starting the Character Modules

Click on a character to begin playing. Be sure to read <u>Using Decision Roadmaps</u> and the <u>Decision Roadmaps Key</u>. Be advised that these two (2) tools are for the instructor's use only.

5. Using Decision Roadmaps

Decision roadmaps are flowcharts. The flow charts clearly show the navigational choices that the six (6) major characters can follow.

The flow charts can be used in place of a written script. They assist you in teaching and are easy to understand and follow. A combination of boxes for video clips, teaching points, decision tree and possible choices guide through each character's story. The shapes and colors make it easy to know what is happening, as well as to describe the decision points that each playable character reaches.

You may follow the green lines and boxes for the pathway that demonstrates the best course of action to support suicide awareness and prevention. Red pathways depict what happens when less favorable choices are made.

There are several shapes and colors in VEILS flow charts.

- White squares and rectangles with black outline and 90 degree corners show wording from the text screen that appear on your screen.
- White squares and rectangles with rounded corners and gray outline show selected wording from the VEILS video script. They describe the story action.
- Green and red outlined squares and rectangles note a decision point.
- Shapes with a solid GREEN outline show the route that is most consistent with Army Values.
- Shapes with a solid RED outline denote incorrect choices that lead to the physical act of suicide.

The flow charts also contain icons. Icons are pictures that help you teach ideas, rules, and policies. When an icon appears on a flow chart, look for its explanation on the companion page below it. Each explanation can be read aloud as a teaching point and discussed.

6. Discussion Themes and Questions

The Discussion Themes that appear before the guided outline for playing each character are to be stated and explained before viewing the scenario so that viewers will be able to see how each theme is incorporated and/or played out within the video. After viewing the video, discuss how these themes impacted the characters and the decisions ultimately made by them.

Each scenario has a set of discussion questions that will reinforce the learning objectives. It is crucial that participants discuss these questions and get an opportunity to respond to them. This exercise, best facilitated in small groups of no more than 30 people, will enrich the viewing experience and provide a basis for assessing individual self efficacy in both identifying at risk individuals and knowing what to do to provide those at-risk individuals with help. As discussion devel-

ops, remember to highlight the key learning objectives by asking how they are reflected within the participant's decision choices. For example, if a Soldier explained his/her choice of not joining friends for dinner as an acceptable choice, remind him/her that social support serves as a key buffer to suicidal ideation. Again, utilize discussion as a way to ensure that everyone has processed the intended lessons learned.

These Discussion Questions serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

7. Learning Objectives

The purpose of this second installment of the life preservation curricula is to build upon the basic concept of recognizing suicidal ideation and behavior within the self and others by presenting life challenges and providing a safe way for the characters to deal with them. Built into the storylines of each of the six scenarios are learning objectives derived from our theoretical model of suicidal ideation and behavior. This model focuses on the interplay of individual, social and structural levels as possible dimensions of risk assessment for suicidal ideation and behavior. Some of these learning objectives are listed below:

- Learn about the importance of support systems (family, friends, religious affiliations, military units, etc.) in suicide prevention
- Learn how to address and reduce the effects of stigma on seeking behavioral health
- Learn about evidence-based suicide facts
- Develop the self-efficacy required to take positive action
- To be able to differentiate between risk factors, warning signs, compounding factors, protective factors
- Become familiar with suicide terminology
- Correctly identify myths and misconceptions regarding suicide
- Critically process information related to suicide
- Understand the importance of communication/reaching out

STORY SYNOPSES AND CHARACTER OUTLINES

Elizabeth Dowdell



Elizabeth Dowdell is a professional and caring Soldier confronted with the demands of her job and her Family. She provides an open ear to Washer, a fellow Soldier experiencing some behavioral health issues. The demands of her job have reduced the time she has to devote to her Family needs, especially her son, Ethan. Fortunately, the Army's recent push to train and educate line leaders has brought SSG Salyers in her command. This experienced leader has been concerned about the apparent behavioral and performance changes exhibited by SGT Dowdell. Having identified signs that are a source of concern, SSG Slayers is taking a

proactive role to assess and intervene before SGT Dowdell slides into a serious behavioral health condition.

You will be directed back into the program until you have navigated to a good ending. In the second go around, some choices will not be available because they lead to either undesirable outcomes or endless loops.

Discussion Themes—Positive Outcome

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Willingness to seek professional help
- Question 21³ and the new policy regarding seeking professional help
- Engaging in familiar social support groups (family, friends, religious practices)
- Importance of balancing responsibility to self and to fellow Soldiers
- Workplace stressors
- Positive way of handling relationship problems

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, click on active duty.	WELCOME TO THE HOWIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN RESERVE CIVILIAN WELCOME TO FAMILY MEMBER
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
2:38	Video 1:58	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:36	What do you want to do?
	Click on your choice.	Take time to talk to Washer.
3:42	Video 1:04	
	Text	(Read the text) Discuss the following: importance of peer support; reporting requirements regarding statements made about weapons; responsibility to direct a peer to professional help
4:06	Video 0:24	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video: 0:45	What do you want to do? (Take one suggestion)
	Click on your choice.	Let them know this stops now or you'll take it up the chain.
4:24	0:18	Video
	Text	(Read text) Discuss Army sexual harassment policy.
6:06	Video: 1:42	
	DECISION POINT Maximum time of video: 0:11	Is your situation having a serious negative effect on your life?
	Click on your choice.	Yes, it has to.
6:09	Video: 0:03	
	Text	Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.
7:03	Video 0:54	
	DECISION POINT Maximum time of video: 0:49	What do you want to do?
	Click on your choice.	Tell him you think he should talk to someone more qualified.
7:26	Video 0:23	
	Text	Discuss the chain of command policy of referral at your installation.
8:54	Video: 1:28	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video: 3:51	You want to pick up the phone?
	Click on your choice.	Yes.
10:46	Video 1:52	
	Text	Discuss the life preservation index (social support, spirituality or religious attachment, coping skills)
	Text	Discuss various forms of social support.
12:09	Video: 1:23	
	DECISION POINT Maximum time of video: 1:14	What do you say?
	Click on your choice.	There isn't really anything to say, so don't say anything.
12:29	Video 0:20	
	Text	Discuss how to make an objective assessment of a Soldier's performance—is it due to personal issues or not?
12:38	Video 0:09	
	DECISION POINT Maximum time of video: 2:33	What will you say?
	Click on your choice.	Tell him you'll be okay and your performance will return to its usual high standard.
14:03	Video 1:25	
	Text	Discuss the warning signs of an emotional breakdown; social isolation

Discussion Themes—Negative Outcome

- Emotional difficulties (irritability towards co-worker and son)
- Decreased attendance and involvement with church
- Poor performance at work
- Isolation and distance from family
- Avoidance of social interaction
- Inability to balance work and family duties
- Feelings of helplessness (sexual harassment incident)
- Refusal to accept help
- Little to no self care time

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select active duty.	WELCOME TO THE HOWIE FRONT Please select your area of interest: ACTIVE GUARD & DA FAMILY MEMBER CIVILIAN MEMBER
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on SGT Elizabeth Dowdell.	
2:38	Video 1:58	
	DECISION POINT	
	Maximum time of video (*depending on which answer you choose): 1:36	What do you want to do?
	Click on your choice.	Get to the motor pool.
3:03	Video 0:25	
	Text	Discuss how one can balance his/her work and Family responsibilities.
3:27	Video 0:24	
	DECISION POINT Maximum time of video: 0:45	What do you want to do? (Take one suggestion)
	Click on your choice.	Let it go
3:31	Video 0:04	
	Text	(Read text) Discuss feelings of powerlessness; the effects of sexual harassment on combat readiness and teamwork. Army sexual harassment policy AR 600-20 should be discussed as well.
5:13	Video 1:42	
	DECISION POINT	
	Maximum time of video: 0:49	Is your situation having a serious negative effect on your life?
	Click on your choice	No…you're trained to deal.

TIME	VEILS SYSTEM	LECTURE CONTENT
5:18	Video 0:05	
	Text	Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.
6:12	Video 0:54	
	DECISION POINT	
	Maximum time of video: 0:49	What do you want to do?
	Click on your choice.	Stay and talk.
6:25	Video 0:13	
	Text	Discuss balancing work and Family issues and recognizing the limits of your own personal expertise.
7:53	Video: 1:28	
	DECISION POINT	
	Maximum time of video: 2:45	You want to pick up the phone?
	Click on your choice.	No.
	Video 0:53	
8:46	Text	Discuss the life preservation index (social support, religious attachment, coping skills)
	Text	Discuss various forms of social support.
10:10	Video: 1:24	
	DECISION POINT Maximum time of video: 1:14	What do you say?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	There isn't really anything to say, so don't say anything.
10:30	Video 0:20	
	Text	Discuss how to make an objective assessment of a Soldier's performance—is it due to personal issues or not?
10:39	Video 0:09	
	DECISION POINT Maximum time of video: 2:33	What will you say?
	Click on your choice.	Tell him you'll be okay and your performance will return to its usual high standard.
12:04	Video 1:25	
	Text	Discuss the warning signs of an emotional breakdown; social isolation

Would you consider Dowdell as being isolated? Why or why not?

Social support; warning signs of suicide

Would you explain your personal problems to your superior if you were in jeopardy of a poor performance appraisal?

Effective communication; accessing military support resources; resiliency

What do you think about Dowdell's interaction with Washer?

Effective communication; accessing military support resources; resiliency

Do you believe that behavioral health services within the Army have improved in recent years (in terms of both access and quality)?

Accessing military support resources

Megan Jeremy



Megan Jeremy is a Reservist sergeant who has a Soldier who is not coping well with behavioral health issues. Jeremy recognizes that her role as a leader demands that she look after the well being of her Soldiers. She is confronted with the difficulties of keeping up with English and getting him the required help. English is not actively engaged in a social support system of any form and lives in a community that does not have easy access to behavioral health specialists.

You will be directed back into the program until you have navigated to a good ending.

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Exploring solutions for English
- Promoting a command climate that encourages Soldiers to seek help
- Taking a personal interest in exploring English's social support systems and situating herself as a new social support system
- Knowledgeable about the course of action to take (access to treatment)
- Direct communication

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVE FRONT Please select your area of interest: ACTIVE GUARD & DA FAMILY MEMBER CIVILIAN MEMBER

TIME	VEILS SYSTEM	LECTURE CONTENT
		(Home Front Introduction)
0:40		Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.
		In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SGT Megan Jeremy	
1:23	Video 0:43	
	Text	Discuss the importance of honestly completing the PDHA.
2:53	Video 1:30	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:31	Should he be honest on his PDHA?
	Click on your choice.	Yes, it's okay to take care of yourself.
4:07	Video 1:14	
	Text	Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.
	Text	Discuss possible association between suicidal ideation, TBI and PTSD.
5:05	Video 0:58	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video: 1:22	Push it or let it go?
	Click on your choice.	Push it. Find out what's up with SPC English.
6:11	Video 1:06	
	Text	Discuss the importance of being proactive as a leader in seeking out information.
6:33	Video 0:22	
	DECISION POINT Maximum time of video: 1:21	What do you want to do?
	Click on your choice.	Offer to give him a ride—let him know that there is support out there.
7:29	Video 0:56	
	Text	Discuss seeking behavioral health and security clearance. Note that guidance has been provided throughout the service on how to access behavioral health providers with no adverse effects on one's security clearance.
7:47	Video: 0:18	
	Text	When you return from deployment, and your Unit scatters, it's easy to lose touch. Geographical dispersion is a serious issue for Reserve Component Soldiers. Therefore, it is important that leaders make an effort to check in with their Soldiers—especially Soldiers who may have experienced medial or behavioral health issues during deployment.
11:17	Video 3:30	
	DECISION POINT Maximum time of video: 4:23	What do you want to do?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	Tell him to stay put—you are on your way.
12:31	Video 1:14	
	Text	Discuss the life preservation index (social support, religious attachment, coping skills) and the Army publication Suicide Awareness Guide for Leaders (GTA 12-01-007).
12:58	Video: 0:27	
	Text	Good job. You performed just like any outstanding leader would—with concern, dedication and the intent to successfully resolve the problem. As leaders, we do not always anticipate that our Soldiers will be challenged in addressing behavioral health issues they are confronted with. When such a challenge occurs, it is our duty, as leaders, to resolve it by showing support and directing the person in need to specialized care. Remember, being a leader does not make you an expert in all matters. While you should be able to identify the problem, you may not have all of the necessary skills to resolve the problem. Leave that to the professionals.

- Lack of social support
- Social isolation
- Sudden, noticeable changes in appearance and behavior
- Recognition of other warning signs and risk factors of suicide
- Leadership responsibilities (how to differentiate between being persistent and being overbearing)
- Geographical dispersion

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & DA FAMILY MEMBER WELCOME TO WELCOME TO WELCOME TO FAMILY MEMBER
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SGT Megan Jeremy	
1:23	Video 0:43	
	Text	Discuss the importance of honestly completing the PDHA.
2:53	Video 1:30	
	DECISION POINT	
	Maximum time of video (*depending on which answer you choose): 1:31	Should he be honest on his PDHA?
	Click on your choice.	I can't make that decision for you.

TIME	VEILS SYSTEM	LECTURE CONTENT
2:59	Video 0:06	
	Text	Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.
	Text	Discuss possible association between suicidal ideation, TBI and PTSD.
3:57	Video 0:58	
	DECISION POINT Maximum time of video: 1:22	Push it or let it go?
	Click on your choice.	Let it go. Don't put him on the spot.
4:03	Video 0:06	
	Text	You missed an opportunity to find out why English is avoiding contacting his Family. Discuss the importance of social connectedness (bonds we share with Family, friends groups that give us a sense of dedication and purpose).
4:21	Video 0:18	
	Text	
5:52	Video 1:31	
	DECISION POINT Maximum time of video: 2:11	What do you do?
	Click on your choice.	Let it go.
6:04	Video 0:12	
	Text	Discuss the hardships and effects of geographical dispersion.

TIME	VEILS SYSTEM	LECTURE CONTENT
7:01	Video: 0:57	
	Text	You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE.

As a member of leadership, did Jeremy set a good example of establishing a line of communication between herself and her Soldiers?

Effective communication; duty to career; access to military support resources

It is difficult to communicate with English on a regular basis. Did Jeremy do a good job handling this obstacle?

Effective communication; social support; warning signs of suicide; accessing military support resources

What are some of the other factors that can impede access to behavioral health care for reservists?

Accessing military support resources

Richard Peterson



Richard Peterson is a National Guardsman who is denied his job by his former employer upon his return from deployment. He refuses to challenge his former employer for his old job as outlined in USERRA, yet he has no other option to successfully provide for his Family. This leads to financial difficulties and a subsequent downward spiral, including: frequent conflict with spouse; substance abuse; and, finally, being arrested for a DUI (driving under the influence). The response of a friend and the resources put forth by the NG will provide for a better outcome.

You will be directed back into the program until you have navigated to a good ending.

- Financial difficulties
- Substance abuse
- Effective use of buddy system
- Use of social network

- Effective communication with spouse
- · Readjustment to civilian life
- Seeking behavioral health
- Suicidal ideation

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN WELCOME TO THE HOIVIE FRONT Please Select YOUR AREA OF INTEREST.
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SFC Richard Peterson	
1:52	Video 1:12	
	Text	It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.

TIME	VEILS SYSTEM	LECTURE CONTENT
2:20	Video 0:28	
	Decision point Maximum time of video: 0:44	What are you going to do?
	Click on your choice.	Go to the restroom for a minute—try to cool off.
2:32	Video 0:12	
	Text	
4:01	Video 1:29	
	DECISION POINT Maximum time of video: 4:07	What do you do?
	Click on your choice.	Tell her you're not sure you want the job back anyway—and why.
4:50	Video 0:49	
	Text	You were able to engage in a conversation with your spouse that revealed your current feelings about your job and future career plans. While the conversation did not include a plan for the immediate and long term future, it at least allowed you to make your intentions known. Open communication can help diffuse a potential conflict within the Family.
5:58	Video: 1:08	
	Text	Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events. Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your Family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs. Discuss 'Strong Bonds.'

TIME	VEILS SYSTEM	LECTURE CONTENT
6:46	Video 0:48	
	DECISION POINT Maximum time of video: 0:27	Do you agree with Jensen—counseling doesn't solve your problems?
	Click on your choice.	No—Jensen is wrong.
6:53	Video 0:07	
	Text	Discuss new Army policy regarding behavioral health.
11:27	Video 4:34	
	DECISION POINT Maximum time of video: 1:07	Give Miller's business proposition a try?
	Click on your choice.	Yes—you have to—if this doesn't work you are out of options.
11:56	Video 0:29	
	DECISION POINT Maximum time of video: 1:37	Would you say you're doing all right?
	Click on your choice.	No.
12:53	Video 1:03	
	Text	Discuss available resources at your installation and within your community. Reinforce ACE.
13:40	Video 0:47	
	Text	Review the USERRA guidelines, emphasizing the Soldier's responsibility.

- Family conflict
- Irritability
- Unemployment
- Geographical dispersion
- Substance abuse and violent behavior
- Financial difficulties
- Legal problems resulting from poor behavior decisions

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & DA CIVILIAN WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN WEMBER
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SFC Richard Peterson	

TIME	VEILS SYSTEM	LECTURE CONTENT
1:52	Video 1:12	
	Text	It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.
2:20	Video 0:28	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 0:44	What are you going to do?
	Click on your choice.	Straighten out this idiot.
2:40	Video 0:20	
	Text	Discuss UCMJ.
4:09	Video 1:29	
	DECISION POINT Maximum time of video: 4:07	What do you do?
	Click on your choice.	Tell her to back off—that is all you can do.
5:49	Video 1:40	

TIME	VEILS SYSTEM	LECTURE CONTENT
		Effective family communication takes work—it is rarely convenient and it is not easy—but your family is everything to you, so the alternative is not an option. Use the TOTAL formula:
		T—Set aside a TIME when you are more calm—you don't have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)
		O—Decide who OWNS what part of the problem (who is most affected in a tangible way)—that will determine when you TALK and when you LISTEN. For example, if your loved one is very upset, angry or hurt, put your opinion on hold until you understand things from his/her point of view.
	Text	T—TALK in a non-threatening way. Start off with "I" for the part of the problem you own: "I feel like I'm between a rock and a hard place. I need the job, but can't go back there." (Instead of, "You just don't get it.")
		A—ACTIVELY switch gears from talking to listening—make it happen often, even when you aren't finished "speaking your piece."
		L—LISTEN sincerely to the other's feelings, words, behaviors. This means you put yourself in their shoes ("You're not just worried about the bills adding up. You're afraid because our whole future is blurred.")
		Communication using the TOTAL formula defuses the conflict and tension in the family. Knowing when to talk and when to listen is the key rarely used—it determines the difference between looking for blame or looking for solutions.
6:57	Video 1:08	
	Text	Strong Bonds
7:45	Video 0:48	
	DECISION POINT	
	Maximum time of video: 0:27	Do you agree with Jensen—counseling doesn't solve your problems?
	Click on your choice.	Yeah, Jensen is right—you just have to ride it out.
7:51	Video 0:06	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	This isn't true and indicates that you feel a lack of power over your circumstances. Seeking counseling can be the first step in a process that leads you to identify and understand the challenges—and ultimately helps you decide what you need to do to achieve a healthy and positive outcome. Discuss the importance of seeking help early.
12:31	Video 4:40	
	DECISION POINT Maximum time of video: 1:07	Give Miller's business proposition a try?
	Click on your choice.	No. It won't work, and you can't afford to take chances right now.
13:00	Video 0:29	
	DECISION POINT Maximum time of video: 1:43	Would you say you're doing all right?
	Click on your choice.	Yes—just going through a rough patch.
13:40	Video 0:40	
	Text	Discuss risk factors of suicide and show Army card TA-074-0507
15:08	Video 1:28	
	Text	Military One Source
15:55	Video 0:47	
	Text	Re-entering civilian life.
	Text	

TIME	VEILS SYSTEM	LECTURE CONTENT
13:18	Video 1:28	
	Text	Discuss available resources at your installation and within your community.
14:05	Video 0:47	
	Text	Review the USERRA guidelines, emphasizing the Soldier's responsibility.

What caused Peterson to become so annoyed at the coffee shop? Peterson's outburst could have resulted in legal trouble. What are the ramifications of such an incident?

Role conflict between family and work; effective communication

Is Peterson doing enough to look for a job? To provide for his Family? Why or why not?

Duty to family; effective communication; resiliency

Peterson alludes to faking a car accident as a means to provide for his Family. Why would he opt to die as a solution rather than trying to find or create one?

Suicidal behavior; resiliency; duty to family; USERRA

Antonio Rosales



Antonio Rosales is a Reservist who lives with his parents and is not adjusting to civilian life following deployment. Rosales was cross-leveled to a combat support hospital that was deployed. He was traumatized by his experience in theater and is not willing to talk about it to Family or friends. His actions have cut him off from people who can provide him help and support. Some of his symptoms include co-morbid factors of suicidal ideation: depression, hyper vigilance, a lack of concentration, difficulty sleeping and angry outbursts.

You will be directed back into the program until you have navigated to a good ending.

Discussion Themes—Positive Outcome

Positive and supportive family relationship

- Using the chain of command to get access to resources
- Open communication with loved ones
- Willingness to seek help
- Maintaining positive self image
- Engaging in social interaction
- How to address stressful experiences from one's past
- Loss of interest in familiar activities

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & DA FAMILY MEMBER CIVILIAN MEMBER
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SPC Antonio Rosales	
3:31	Video 2:51	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video (*depending on which answer you choose): 0:43	What will you say to your parents?
	Click on your choice.	"I've been having this dream lately."
3:53	Video 0:22	
	Text	According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress.
5:35	Video 1:42	
	DECISION POINT Maximum time of video: 1:13	What do you want to do?
	Click on your choice.	Go out—at least for a while.
5:46	Video 0:11	
	Text	Discuss the importance of social interaction. While you didn't enjoy yourself entirely, you immersed yourself in a familiar environment with friends rather than reliving your emotional pain alone.
6:26	Video 0:40	
	DECISION POINT Maximum time of video: 2:23	What do you want to say?
	Click on your choice	Tell her about the dream.
7:32	Video 1:06	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Discuss protective factors against suicide.
8:54	Video 1:22	
	Text	Discuss risk factors of suicide.
9:48	Video 0:54	
	Text	Discuss ACE.
	DECISION POINT Maximum time of video: 2:22	You have agreed to seek help—but how?
	Click on your choice	Go to your local hospital.
9:54	Video 0:06	
	Text	Discuss the importance of taking suicidal ideation, threats and behaviors seriously.
12:09	Video 2:15	
	Text	Discuss resiliency and available resources at your installation and within your community.
	Text	Discuss the importance of taking suicidal ideation seriously.

- Avoidance of friends
- Misdirected anger
- Rejection of social support from family and friends
- Lost interest in activities he used to enjoy
- Avoidance of situations that reminded him of stressful situations

- Sleeping problems
- Feeling irritable
- Low self esteem

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Guard and Reserve.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN WELCOME TO THE HOIVIE FRONT Please Select YOUR AREA OF INTEREST.
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we "play" interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on SPC Antonio Rosales	
3:31	Video 2:51	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 0:43	What will you say to your parents?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	"Don't treat me like a kid."
3:40	Video 0:09	
	Text	Discuss the importance of accepting other people's assessment of your overall well-being.
	Text	Discuss the importance of social integration and ask for examples.
5:22	Video 1:42	
	DECISION POINT Maximum time of video: 1:13	What do you want to do?
	Click on your choice.	Tell them what they want to hear—then go home.
5:51	Video 0:29	
	Text	Discuss the importance of social integration and its positive effect on mood.
6:31	Video 0:40	
	DECISION POINT Maximum time of video: 2:23	What do you want to say?
	Click on your choice.	Tell her you don't want to talk about deployment—she wouldn't understand any of it.
7:17	Video 0:46	
	Text	Again, you are placing a barrier to help up between yourself and Julie. Do not allow your anger to control your outlook on life and your behaviors. Everyone is angry from time to time and given your recent deployment, you are entitled to feel this emotion more strongly than others. You are not entitled, however, to blame others for your behaviors and current situation.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:39	Video 1:22	
	Text	Discuss risk factors of suicide.
10:41	Video 2:02	
	DECISION POINT Maximum time of video: 3:24	What do you want to do?
	Click on your choice.	Tell them you're fine and you'll straighten this out with SSG Arbus.
12:21	Video 1:40	
	Text	Review ACE.
	Text	

Rosales did not partake in his usual routine once he returned. How did avoiding school and friends hurt him?

Family and social support; effective communication; warning signs of suicide; accessing military support resources

Rosales did not want to return to his reserve unit due to the fact that he was cross-leveled. This is another behavioral indicator of his struggle to reconnect with familiar constructs in his life. How does this isolation affect other areas of his life (e.g. family, friends, and school)?

Duty to career; resiliency; access to military support services; social isolation

What is the effect of his residential location on his desire to seek help for his behavioral health issues?

Access to military support services

Carl Foreman

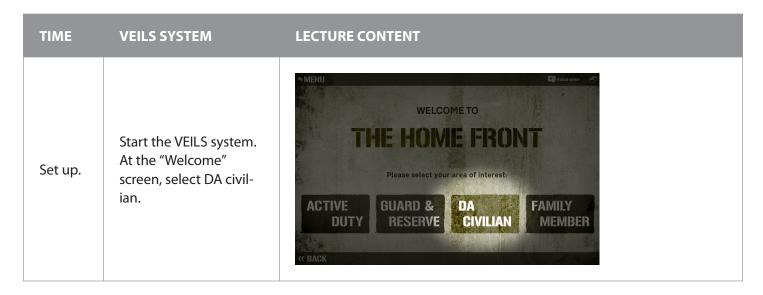


Carl Foreman is a DA civilian confronted with relocation issues when his installation is selected for closing because of the BRAC. The challenges associated with uprooting his Family and moving to a new installation are examined as stressors that can lead to suicidal ideation and other behavioral health conditions (depression, anger, substance abuse). Although members of his social support system (wife, boss and friends) are proactive in engaging him and helping him face his problems, Foreman is oblivious to the risk of suicidal ideation he is experiencing. Thankfully, his wife's supportive and objective analysis of the

situation combined with her effective communication skills help Foreman to avoid ending his life.

You will be directed back into the program until you have navigated to a good ending.

- Importance of communication with spouse and boss
- Importance of seeking help for personal problems
- Avoiding isolation during stressful times
- Positive attitude exhibited by spouse
- Immediate action taken for suicidal ideation (through seeking professional help)
- Overbearing within family dynamics
- Employee Assistance Program (EAP)
- Group therapy



TIME	VEILS SYSTEM	LECTURE CONTENT
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we "play" interactive individuals in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on Carl Foreman	
2:17	Video 1:37	
	Text	Molly is angry with you for jeopardizing her future and sense of belonging. Perhaps you hold the same feelings for your employer at this moment, too. How could you express yourselves to each other in a meaningful, rather than argumentative, way?
4:14	Video 1:57	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:20	What do you say to your boss?
	Click on your choice.	Tell him you got sidetracked and ask for more time.
4:37	Video 0:23	
	Text	Discuss how Carl's personal problems are beginning to interfere with his work performance.
4:56	Video 0:19	
	Text	Seek family input.

TIME	VEILS SYSTEM	LECTURE CONTENT
5:36	Video 0:40	
	DECISION POINT Maximum time of video: 1:57	What do you want to do?
	Click on your choice.	Talk to your wife.
6:56	Video 1:20	
	Text	Great. You used effective communication to ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation. Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.
7:18	Video: 0:22	
	Text	Morales has given you an extension on your deadline, showing his support for you during this stressful period in your life.
7:31	Video 0:13	
	DECISION POINT Maximum time of video: 0:21	Still—it might be time for a break, right?
	Click on your choice.	Yes. Give it up for a minute.
7:44	Video 0:13	
	Text	Discuss the importance of social interaction with co-workers.
8:28	Video: 0:44	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video: 0:26	What do you want to do?
	Click on your choice.	Go grab some coffee.
8:46	Video 0:18	
	DECISION POINT Maximum time of video: 0:33	What do you want to tell Ellen?
	Click on your choice.	"The kids will be fine. We can have a late dinner."
9:01	Video: 0:15	
	Text	Discuss the importance of self-care.
9:49	Video 0:48	
	Text	Discuss how important it is to take suicidal threats seriously.
11:02	Video 1:13	
	Text	Discuss the importance of meaningful and open communication.
11:13	Video 0:11	
	Text	Discuss available resources in your area/on your base.
	Text	Discuss 'Risk Factors and Warning Signs' from GTA 12 01-007. Point out the warning signs exhibited by Carl.
12:31	Video 1:18	

• Refusing to engage social support networks

- Substance abuse
- Anger
- Breakdown in family dynamics
- Social isolation
- Poor self-efficacy
- Poor work performance

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select DA civil- ian.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN FAMILY MEMBER WELCOME TO WELCOME
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we "play" interactive individuals in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on Carl Foreman	
2:17	Video 1:37	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Molly is angry with you for jeopardizing her future and sense of belonging. Perhaps you hold the same feelings for your employer at this moment, too. How could you express yourselves to each other in a meaningful, rather than argumentative, way?
4:14	Video 1:57	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:20	What do you say to your boss?
	Click on your choice.	Tell him you're almost finished and you'll send it out in a minute.
4:33	Video 0:19	
	Text	Discuss how Carl's personal problems are beginning to interfere with his work performance.
4:52	Video 0:19	
	Text	While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your Family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.
5:32	Video 0:40	
	DECISION POINT Maximum time of video: 1:57	What do you want to do?
	Click on your choice.	Tell her that the Family is out of options and she just needs to accept the situation.
5:53	Video 0:21	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Effective communication will ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation. Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.
7:27	Video: 1:34	
	Text	When you express your problems to people that are in a position to address them, you relieve yourself of the anxiety and guilt that comes from performing at less than optimal levels due to energy being wasted and exhausted on worrying. Are you ready to get energized and function as Carl again?
7:40	Video 0:13	
	DECISION POINT Maximum time of video: 0:14	Still—it might be time for a break, right?
	Click on your choice.	Yes. Give it up for a minute.
7:46	Video 0:06	Discuss how a break could help Carl refocus (self care).
	Text	
8:01	Video: 0:15	
	Text	Discuss why the pills have become a danger (not used for original intention, used to do something Carl doesn't want to do/has no energy to do, etc).
8:45	Video 0:44	
	DECISION POINT	
	Maximum time of video: 0:26	What do you want to do?
	Click on your choice.	Tell him you'll hang out some other time.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:53	Video 0:08	
	Text	Discuss why Carl rejected social support from his friend. Is this a good or bad sign?
10:55	Video 2:02	
	Text	Point out the warning signs exhibited by Carl.
12:13	Video 1:18	
	Text	Discuss question 21 and the availability of resources in your area/on your base.
	Text	

How would you characterize Foreman's attitude towards his Family's input regarding the BRAC? Does his reclusive behavior at work place him at risk of suicidal ideation?

Effective communication; social support

Did you think that Foreman's reliance on pills to complete an assignment was cause for alarm?

Warning signs of suicide; accessing military support resources

Was there a better way for Foreman to deal with his daughter's anger?

Effective communication; resiliency; duty to family

Maria Cartwright



Maria Cartwright is a 28-year-old wife of a deployed Soldier and step-mother to Frankie, a teenager who has exhibited marked change in behavior that seems to be self-destructive. The triggering event for Frankie's change in behavior was the deployment of her father. Maria is conflicted as to which course of action to take to seek help for Frankie. Part of her resistance to seeking help from the Army is her concern that such action would interfere with her husband's career. As a result, she relies on her civilian friend, Gail, to counsel her. An informative conversation with her husband removes the suspicion she has of seeking

behavioral health counseling and its effect on her husband's career. Maria experiences challenges associated with: responding to Frankie's behavior; the amount of information shared with her spouse; and, reliance on social support and

utilization of military resources.

You will be directed back into the program until you have navigated to a good ending.

- Utilization of social support
- Appropriate care and concern for child (Frankie)
- Acceptance of help from outside sources
- Open communication with spouse (John)

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Family Member.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & CIVILIAN WELCOME TO FAMILY MEMBER WEMPLE TO WELCOME TO WELCOME TO WELCOME TO WELCOME TO WELCOME TO THE HOIVIE FRONT Please select your area of interest:
0:40	Start the VEILS system. At the "Welcome" screen, select Family Member.	(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Family Members and see the consequences of different decisions. Essentially, we "play" interactive Individuals in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on Maria Cart- wright	
2:00	Video 1:20	

TIME	VEILS SYSTEM	LECTURE CONTENT
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:04	What do you want to do?
	Click on your choice.	You can't leave Frankie home alone. Call Gail and cancel.
3:00	Video 1:00	
	Text	Discuss how you have dealt with children and teens that appear miserable. What worked and what did not?
3:03	Video 0:03	
	DECISION POINT Maximum time of video: 2:37	What do you want to do?
	Click on your choice.	Tell Frankie she is coming with you.
3:41	Video 0:38	
	Text	
	Text	Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It's not easy, but you can do this by thinking of how you would respond if this was the neighbor's teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding. Remember; make your home a safe haven instead of the location of all of your confrontations.
6:48	Video 3:07	
	Text	Click on the 'Behavioral Signs of Depression' tab and give examples of each.

TIME	VEILS SYSTEM	LECTURE CONTENT
8:56	Video 2:08	
	DECISION POINT Maximum time of video: 4:55	What do you want to do?
	Click on your choice.	E-mail John.
9:12	Video 0:16	
	DECISION POINT Maximum time of video: 1:47	Go ahead and write him about Frankie?
	Click on your choice.	Yes.
10:51	Video 1:39	
	Text	Discuss the elements of effective communication (maintaining eye contact, repeating what has been said to you for clarification, using 'I' statements rather than 'you' statements)
11:17	Video 1:26	
	Text	
14:43	Video 3:26	
	Text	Discuss Question 21 and how it relates to family issues.

- Social isolation
- Declining help from outside sources
- Fear (of the Army as an institution, John and the label of a bad parent)
- Recognizing one's limits of coping with/handling a situation

• Development of resiliency

TIME	VEILS SYSTEM	LECTURE CONTENT
Set up.	Start the VEILS system. At the "Welcome" screen, select Family Member.	WELCOME TO THE HOIVIE FRONT Please select your area of interest: ACTIVE GUARD & DA CIVILIAN WELCOME TO WELCOM
0:40		(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Family Members and see the consequences of different decisions. Essentially, we "play" interactive Individuals in training. At certain points, I will need your input, as to what decision we should make. In this video we'll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help.
	Click on Maria Cart- wright	
2:00	Video 1:20	
	DECISION POINT Maximum time of video (*depending on which answer you choose): 1:04	What do you want to do?
	Click on your choice.	Decide to go to dinner.
2:04	Video 0:04	

TIME	VEILS SYSTEM	LECTURE CONTENT
	Text	Discuss the pros of going to a dinner with a friend and the cons of staying home with a miserable teenager.
2:07	Video 0:03	
	DECISION POINT	
	Maximum time of video: 2:37	What do you want to do?
	Click on your choice.	Don't upset her—leave her alone for now and call to check up on her later.
2:45	Video 0:38	
	Text	
	Text	Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It's not easy, but you can do this by thinking of how you would respond if this was the neighbor's teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding. Remember; make your home a safe haven instead of the location of all of your confrontations.
5:52	Video 3:07	
	Text	Click on 'Behavioral Signs of Depression' tab and discuss. Frankie's separation from her dad acts as the trigger point for her downward spiral. Her behaviors and attitude reflect her saddened outlook. Such a state of mind could lead to suicidal ideation, should Frankie believe that her life will not get any better.
8:00	Video 2:08	
	DECISION POINT Maximum time of video: 4:55	What do you want to do?

TIME	VEILS SYSTEM	LECTURE CONTENT
	Click on your choice.	She is a moody teenager going through a lot—just keep an eye on her.
8:08	Video 0:08	
	Text	Click on the 'Depression and Suicide Risk Factors' tab and discuss.
11:50	Video 3:42	
	Text	Click on the 'Adolescent Suicide Preventive Factors' tab and discuss.

Discussion Questions

Why didn't Maria alert her husband earlier regarding Frankie's behavior? Was she right to avoid seeking help from within the Army?

Effective communication

Many teens go through a difficult period as a part of growing up. What did Frankie say or do that would make you take her behavior seriously rather than dismiss it as a phase?

Suicidal ideation and behavior; warning signs of suicide

How did Maria grow from this experience? How did she use her social support systems?

Resiliency; accessing military support services; effective communication



APPENDIX A

GLOSSARY

In addition to viewing the individual character videos, facilitators should review the following information with their students. This information includes terminology specific to suicide prevention, myths about suicide, distinguishing between warning signs and risk factors of suicide and demographic factors related to suicide.

Terminology

The following terms and definitions are also found in the professional literature:

Suicidality An individual's level of danger to him- or herself.

Suicidal ideation Thoughts and ideas about death by suicide.

Suicidal intent More serious than suicidal ideations, *intent* involves not only thoughts about suicide, but also

a specific plan and the motivation to carry it out.

Suicide survivor Any person who knew and cared about the deceased.

Availability of means Accessibility to lethal means by an individual who is suicidal.

Warning signs Overt indicators of suicidal risk in an individual.

Duty to warnAn ethical and legal obligation to disclose the risk of intent to harm, including by suicidal

means.

Comorbidity When two psychological conditions exist simultaneously and usually independently of one

another (e.g., depression and substance abuse).

Risk factors Variables (e.g., habits, traits, or conditions) in a person or in the environment that are associ-

ated with an increased chance (risk) of adverse outcomes (e.g., disease, infection, psychologi-

cal disorder, injury, suicide).

Protective factors Variables in a person or the environment that enhance resiliency, increase resistance (protect

against risk), and reduce the potential of adverse outcomes. Risk and protective factors are

correlational, not causal.

MYTHS ABOUT SUICIDE4

1. People who talk about suicide are unlikely to actually do it.

False

Individual who are suicidal do not just want attention. Verbal or non-verbal communication about suicide should be taken seriously. Non-judgmental discussion of the concerns expressed by a suicidal individual will alleviate their pain. Ask directly if a person intends to commit suicide will not lead to a suicide attempt.

2. Suicides are impulsive.

False

Suicide is the result of a gradual process with multiple warning signs. Eight out of ten who die by suicide give specific warning signs. Survivors of suicide always seemed to remember hints that were missed before the death of a loved one.

3. Suicidal people really want to die and nothing will stop them.

False

Suicidal people really want to end their pain. While suicide is an individual action, most people who are suicidal simply want to escape their problems rather than actually die.

4. Once a person is suicidal, that person is always suicidal.

False

Most suicidal crises are temporary and associated with problems that can be solved.

5. Suicide affects people of all socioeconomic statuses.

True

Suicide and suicidal ideation are not limited to certain socioeconomic groups.

6. Suicidal people are always mentally ill.

False

Although the majority of suicide (90%) are associated with mental illness not all suicidal people are always mentally ill. Suicidal people are those that feel desperate, see no change in the immediate future in regards to their situation and lack the tools necessary to develop and implement the change needed to correct their present situation.

Greene, D. B. (1994). Childhood suicide and myths surrounding it. Social Work, 39(2), 230-232.

⁴ American Association of Suicidology (2009). Fact sheets. http://www.suicidology.org/stats-and-tools/fact-sheets

Hubbard, R.W., & McIntosh, J. L. (1992). Integrating suicidology into abnormal psychology classes: The revised facts on suicide quiz. *Teaching of Psychology, 19*(3), 163-166

7. If there is no note then it cannot be suicide.

False

People can die by suicide without a note, especially if their reason for doing so was to generate financial stability (i.e. life insurance) for someone else or to relieve someone of a burden (i.e. themselves).

8. Non-verbal or verbal communication about suicide should be taken seriously.

True

The slightest hint of suicidal ideation should be taken seriously and followed up by behavioral health professionals.

9. Most suicidal crises are temporary.

True

While the contemplation of suicide may be brief, the suicidal ideation that lurks behind the act itself may remain for quite some time.

10. Suicide attempters are all depressed.

False

Although depression is a risk factor for suicide, not every person who attempts suicide is depressed. Others are fearful, ashamed or even tired of living due to any combination of individual and external factors.

11. Most suicides occur during the year-end holidays.

False

Most suicides occur in the spring. According to Hubbard & McIntosh, spring is time of transition and change (graduation) that can produce increased levels of anxiety and depression and leading to suicidal ideation.

12. Suicidal ideation and behavior begin during the teen years.

False

According to Greene (1994), childhood suicide is more common than previously believed. While many forms of mental illness develop during the teen years, suicidal ideation and behavior can exhibit themselves in children quite young.

WARNING SIGNS

Warning signs of suicide are behaviors exhibited by an individual that are indicative of suicidal ideation. When these behaviors are exhibited or performed in combination and/or frequently, the individual should be referred to a behavioral health specialist immediately. These behaviors include:

- · Reckless behavior that is usually not exhibited by an individual
- Prolonged depression and listlessness
- Giving away prized possessions
- Joking that he/she wants to die or could kill him/herself
- · Withdrawal from family, friends and activities
- Neglecting one's personal appearance
- A change in sleeping patterns- either too much or too little
- An explosive temper, often used to sabotage relationships
- Rejection of religion
- Refusing to seek help for mental illness, anger management or other behavioral health disorders
- Appearing to be happy and calm when he/she has been extremely sad or depressed
- An individual telling people "goodbye" when he/she isn't physically going anywhere
- A sudden urgency to create a will

RISK FACTORS

Risk factors are conditions that predispose an individual to a heightened chance of harboring suicidal ideation and following through with the act of suicide itself. These factors include:

- A recent loss of a loved one, either through death or a breakup
- Owning a firearm
- Feeling hopeless
- A family history of suicide, both attempts and completions
- Financial problems
- A prior suicide attempt
- A recent hospitalization, for either physical or mental reasons
- · Suffering from bipolar disorder or depression
- Frequent alcohol use

DEMOGRAPHIC FACTORS

Demographic factors are those inherent, classifiable traits that individuals have that research has shown to influence suicidal ideation and completion rates of suicide. These factors have produced the following generalizations:

- A gay, lesbian, bisexual or transgender individual is placed at a higher risk of attempting suicide.
- Being male rather than female is a risk factor for suicide.
- Women attempt suicide more than men.
- African American women have the lowest rate of suicide among any demographic group.
- Men are more successful than women in completing a suicide.
- Elderly, white men have the highest rate of suicide among any demographic.
- Suicide is the third leading cause of death for individuals between the ages of 15 and 24.



APPENDIX B

LINCOLN UNIVERSITY SURVEY

YOUR RESPONSES ON THIS SURVEY WILL BE HELD STRICTLY CONFIDENTIAL. INDIVIDUAL RESULTS WILL NOT BE DISCUSSED.

ONLY GROUP RESULTS WILL BE REPORTED.

ID#	Date	Time	Ran	k
MOS/Job Position		Duty Status	S	(Active, Reserve, etc.)
1. What is your race	? (circle one)			
White - 1	African American/Black - 2	Hispanic - 3	Asiatic/Oriental - 4	Other (specify) - 5
2. How old are you?	,			
3. What is your gen	der?			
Male		1		
Female		2		
•	together, how would you descri , moderately bonded, a little bo	•	•	ou say that you are
Strongly bo	nded	3		
Moderately	bonded	2		
A little bond	led	1		
Not at all bo	nded	8		

5. Taki		now would yo	u describe your satisfac	tion with y	our relationship with your significant
	Very happy	•••••		4	
	Pretty happy	• • • • • • • • • • • • • • • • • • • •		3	
	Unhappy	•••••		2	
	Very unhappy			1	
	Not applicable			8	
6. Do y	ou think a person has t	he right to en	d his or her own life if th	is person.	·•
	READ EACH STATEME		YES	NO	DON'T KNOW
	Has an incurable diseas	se?	1	2	8
	Has gone bankrupt?		1	2	8
	Has dishonored his or l	her family?	1	2	8
	Is tired of living and rea	ady to die?	1	2	8
	en all together, how wou py, or not too happy?	ıld you say th	ings are these days—w	ould you sa	y that you are very happy, pretty
	Very happy			3	
	Pretty happy			2	
	Not too happy	•••••		1	
8. Hov	<i>ı</i> comfortable are you w	rith talking ab	out your feelings with 1	elatives?	
	Very comfortable	•••••		3	
	Fairly comfortable			2	
	Not at all comfortable			1	

9. How	comfortable a	are you w	ith talkin	g about y	our feelin	gs with fri	iends?				
	Very comfort	able		• • • • • • • •	• • • • • • • • • • • • • • • • • • • •		3				
	Fairly comfor	table		• • • • • • • • •			2				
	Not at all com	nfortable		• • • • • • • • •			1				
10. If y	ou had a prob	lem and v	vere in ne	ed of hel	p, how hel	pful woul	d your rel	latives be?			
	Very helpful			• • • • • • • • •			3				
	Somewhat he	elpful		• • • • • • • •			2				
	No help at all			• • • • • • • •		• • • • • •	1				
11. If y	ou had a probl	lem and w	vere in ne	ed of hel	p, how hel	pful woul	d your frie	ends be?			
	Very helpful			• • • • • • • • •			3				
	Somewhat he	elpful		• • • • • • • •			2				
	No help at all			• • • • • • • • •			1				
	a scale from 1 iicide?	to 10, ho	w confide	ent are yo	u in your a	ability to i	dentify pe	ersons of c	oncern (P	OC), or those	at risk
Please	circle one of th	ne numbe	rs below:								
	1	2	3	4	5	6	7	8	9	10	
	Not at all c	onfident						Ext	remely c	onfident	
13. On	a scale from 1	to 10, ho	w confide	ent are yo	u in your a	ability to r	efer the P	OC for hel	p?		
Please	circle one of th	ne numbe	rs below:								
	1	2	3	4	5	6	7	8	9	10	
	Not at all c	onfident						Ext	remely c	onfident	

14.	What is	your religious	preference?
-----	---------	----------------	-------------

Protestant		1
Catholic		2
Jewish		3
None		4
OTHER (speci	fy religion and/or church denomination)	5

15. How often do you attend religious services?

Never	 0
Less than once a year	 1
About once or twice a year	 2
Several times a year	 3
About once a month	 4
2–3 times a month	 5
Nearly every week	 6
Every week	 7
Several times a week	 8

16. Do you believe there is a life after death?

Yes	 1
No	 2
Undecided	 3

17. People have different images of the world and human nature. We would like to know the kinds of images you have.

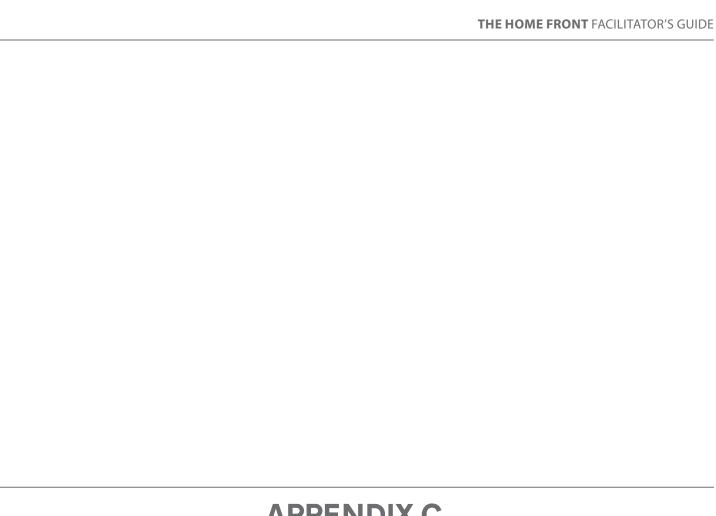
If you think that "The world is basically filled with evil and sin," you would place yourself at 1.

If you think "There is much goodness in the world which hints at God's goodness" you would place yourself at 7. If you think things are somewhere in between these two, you would place yourself at 2, 3, 4, 5 or 6.



THANK YOU FOR YOUR TIME AND EFFORT.

If you any question about this survey, please contact a Lincoln University at CSPRS@lincolnu.edu or call (573) 681-5225.



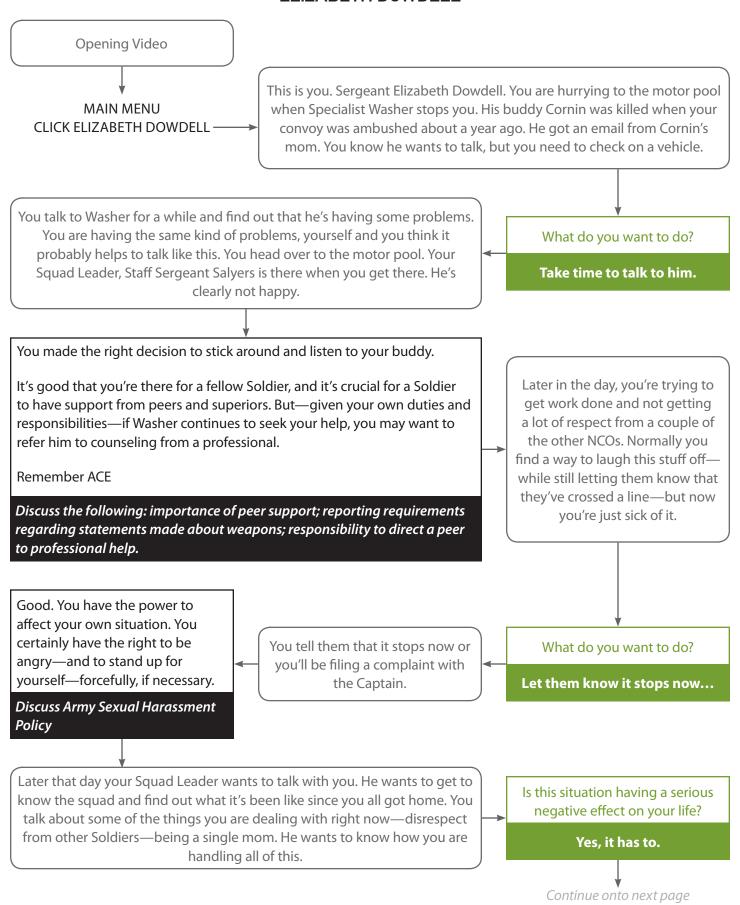
APPENDIX C

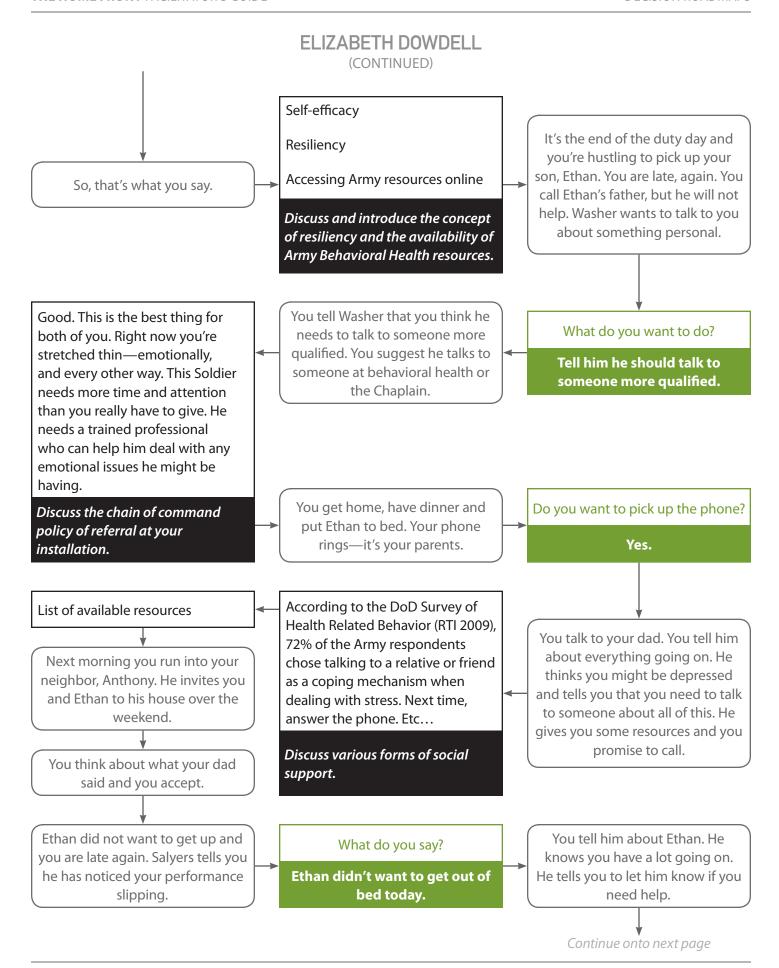
DECISION ROADMAPS

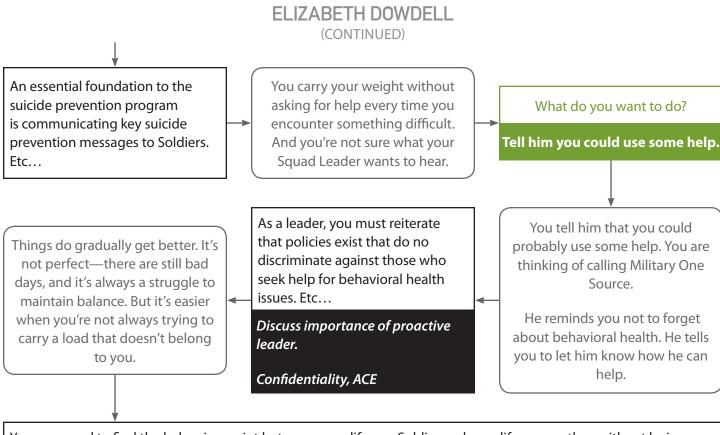
Decision Roadmaps Key:



ELIZABETH DOWDELL

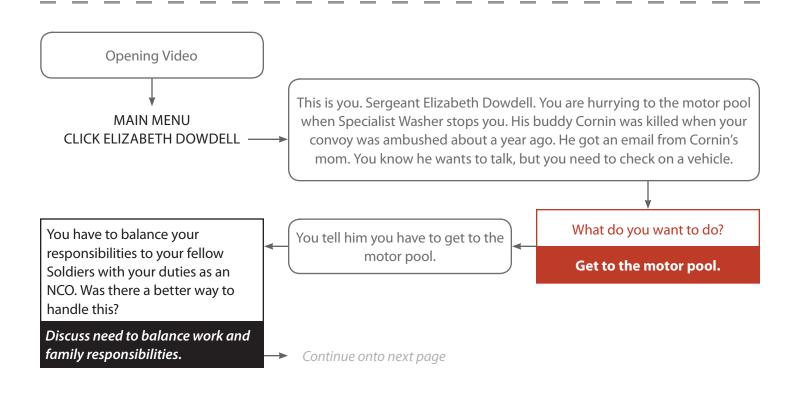






You managed to find the balancing point between your life as a Soldier and your life as a mother, without losing sight of the fact that you are embodied in both of these roles. Etc...

Discuss how to reinforce positive behavior, importance of protective factors, self-care.



ELIZABETH DOWDELL

(CONTINUED)

Later in the day, you're trying to get work done and not getting a lot of respect from a couple of the other NCOs. Normally you find a way to laugh this stuff off—while still letting them know that they've crossed a line, but now you're just sick of it.

What do you want to do?

Let it go. Nothing you say will stop this behavior.

Later that day your Squad Leader wants to talk with you. He wants to get to know the squad and find out what it's been like since you all got home. You talk about some of the things you are dealing with right now—disrespect from other Soldiers, being a single mom. He wants to know how you are handling all of this.

Is it true that you don't have the power to affect your own situation? Where does that idea come from?

Discuss effects of sexual harassment on combat readiness.

AR 600-20.

Is this situation having a serious negative effect on your life?

No.

You're a Soldier and an NCO. You are trained to deal.

Self-efficacy

Resiliency

Accessing Army resources online

Discuss concept of resiliency

You talk to him. You are late picking up Ethan.

What do you want to do?

Stay and talk.

It's end of the duty day and you're hustling to pick up your son, Ethan. You are late, again. You call Ethan's father, but he will not help. Washer wants to talk to you about something personal.

Not a bad choice, really. But it appears that this Soldier needs more time and attention than you really have to give. Do you really have the emotional resources to take on this Soldier's burden in addition to your own? Do you have the expertise to really help him with emotional problems he may be experiencing?

Discuss need to balance work and family responsibilities.

You get home, have dinner and put Ethan to bed. Your phone rings—it's your parents.

Do you want to pick up the phone?

No.

You let it go to voice mail. You start to think of all the burdens of the day. You feel pretty worthless.

According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress. Next time, answer the phone. Etc...

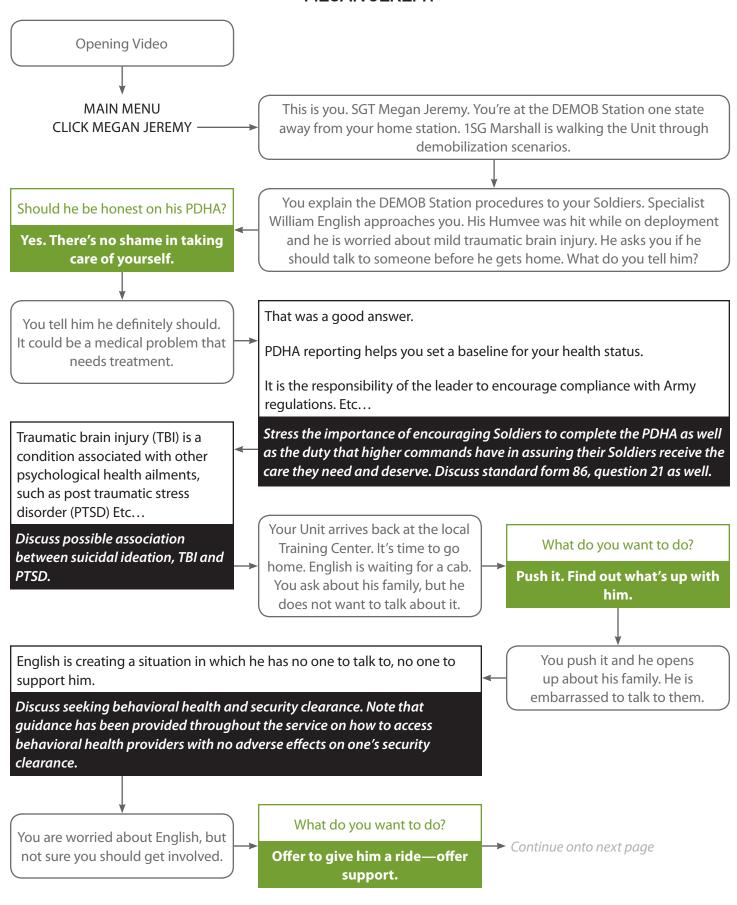
Continue onto next page

ELIZABETH DOWDELL (CONTINUED) Next morning you run into your neighbor, Anthony. He invites you The idea actually terrifies you a List of available resources and Ethan to his house over the little bit, so you tell him no, thanks. weekend. Ethan did not want to get up and You say nothing. Salyers says he What do you say? knows you've got a lot going on. you are late again. Salyers tells you He tells you to let him know if you he has noticed your performance There isn't anything to say. need help. slipping. There can be legitimate behavioral health issues that contribute to a You carry your weight without decline in performance. asking for help every time you What will you say? encounter something difficult. Discuss how to make an objective And you're not sure what your Tell him you will be okay. assessment of a Soldier's Squad Leader wants to hear. performance—is it due to personal issues or not? Refusing help has cost you only a So that's what you say and you pull it together for a while. Over time, you promotion but, thanks to Salyers, don't have any patience at all for Ethan, or anyone. Finally, you are careless. not your career completely. Take You forget to secure your tools and some are stolen. You are reprimanded, some time to reflect upon the but Salyers stands up for you and you get a command referral. The only warning signs of your breakdown: choice you're given is to get an appointment at behavioral health or with the Chaplain. irritability lack of patience for Ethan angry outburst on the job social isolation (phone conversation with dad) Go back and try this again. This time, keep in mind that part of

being strong is recognizing when you are weak. Seek help so that you can complete the mission, both in your professional and

personal lives.

MEGAN JEREMY



MEGAN JEREMY

(CONTINUED)

You give him a ride home. On the way to the car, you tell him to talk to someone if he needs help.

English took your advice and

filled out the PDHA honestly. He

has been referred to the VA for treatment, but cannot get a ride. You tell him you will help. The Army is committed to providing help for its Soldiers.

Discuss proactive leader.

You are home and getting adjusted. A week later, you call English.

You missed an opportunity to find out why English is avoiding contacting his family.

Don't forget, you're still on duty and you are still responsible for the well being of your Soldiers.

You call English, but he doesn't answer You leave a few messages. You finally hear back from him and he does not sound good. He is having a hard time. You talk to him a few days later and he expresses suicidal thoughts.

What do you want to do?

Tell him to stay there—you are on your way.

It sounds like he's thinking about suicide. You go to his place and convince him to let you take him to the emergency room.

Good job.

Remember, being a leader does not make you an expert in all matters. Etc...

You work with English to make sure he follows through with the VA. Military One Source gets him in touch with a local counselor. Warning signs:

Talking or hinting about suicide;

Obsession with death (e.g., in music, poetry, art work);

Giving away possessions/suddenly making a will;

Feeling sad, depressed, or hopeless;

Isolation and withdrawal from social situation. Etc...

MEGAN JEREMY (CONTINUED) Opening Video MAIN MENU This is you. SGT Megan Jeremy. You're at the DEMOB Station one state CLICK MEGAN JEREMY away from your home station. 1SG Marshall is walking the Unit through demobilization scenarios. You explain the DEMOB Station procedures to your Soldiers. Specialist Should he be honest on his PDHA? William English approaches you. His Humvee was hit while on deployment Tell him you can't make that and he is worried about mild traumatic brain injury. He asks you if he decision for him. should talk to someone before he gets home. What do you tell him? You didn't really help your Soldier. You tell him that you can't make that decision for him. Being truthful on the PDHA reporting helps you set a baseline for your health status. It is the responsibility of the leader to encourage compliance with Army regulations. Stress the importance of encouraging Soldiers to complete the PDHA as well Traumatic brain injury (TBI) is a as the duty that higher commands have in assuring their Soldiers receive the condition associated with other care they need and deserve. Discuss standard form 86, question 21 as well. psychological health ailments, such as post traumatic stress disorder (PTSD) Etc... Your Unit arrives back at the local Discuss possible association What do you want to do? Training Center. It's time to go between suicidal ideation, TBI and home. English is waiting for a cab. PTSD. Let it go. Don't put him on the You ask about his family, but he spot. does not want to talk about it. You did not inquire about alternative plans for transportation. You let it go. Don't forget, you're still on duty and you are still responsible for the well being of your Soldiers. You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE. You are home and getting

Continue onto next page

adjusted. A week later, you call

English.

MEGAN JEREMY

(CONTINUED)

You leave many messages for English, but he does not call you back. You get caught up in life and eventually you forget to remember to worry about how English is doing. At your first weekend training since coming home, English is four hours late and looks terrible.

What do you want to do?

Let it go—he's having a hard time.

When you return from deployment, and your Unit scatters, it's easy to lose touch.

Geographical dispersion is a serious issue for Reserve Component Soldiers.

Leaders should make an effort to check in with their Soldiers—especially Soldiers who may have experienced behavioral health issues during deployment.

So you leave it at that and keep an eye on him.

Discuss the hardships and effects of geographical dispersion.

English is not at the next weekend training. You find out from your PSG that English has committed suicide.

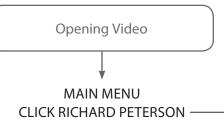
Flashback scenes illustrate isolation from those who care.

Lack of social support is a risk factor for suicide.

Low self esteem and high suicidal ideology can increase the risk of suicidal behavior.

GO BACK—TRY THIS AGAIN

RICHARD PETERSON



This is you—Richard Peterson, Sergeant First Class, U.S. Army National Guard. You were deployed for more than a year and now you need your old job back. Your boss tells you he does not have anything for you right now. You know there are laws that protect your job, but you are not sure you even want this job, so, you leave on a friendly note.

You desperately need caffeine and head to the local coffee shop. There is a guy complaining about his latte and holding up the line.
You are about to lose it.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) applies to all private and public employers and mandates that service members be reemployed in their original position if they gave prior notice of their deployment and followed other guidelines as stated within USERRA. Etc...

What do you want to do?

Go to the restroom for a minutetry to cool off. It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.

You go to the restroom to cool off for a moment, but you can still hear the guy complaining. Now what?

You made a good decision to physically remove yourself from the situation. Now, you need to mentally remove yourself and focus on the original cause of your frustration, your former employer. Forget this guy and walk away.

You explain to her that you aren't sure you want that job back. You are not sure what you want to do, but you are trying to figure it out.
You have a good discussion.

What do you want to do?

Tell her you're not sure you want the job back anyway and why.

You are at home working on your resume. You've had a few beers before your wife, Karen, and the kids come home. She asks about your job and you tell her. She wants to talk about it.

There are two issues here: (1) communication with your wife and (2) your employment rights... Etc...

Two weeks later, you're at weekend training with SSG Jensen, your squad leader and SFC Miller a platoon sergeant. You are talking about how hard it can be to get back into life as a civilian and the job situation You talk about going on active duty.

Continue onto next page

(CONTINUED)

Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.

Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs.

Miller tells you that he has been getting help and talking with someone. Jensen does not think talking to someone is helpful.

Jensen is wrong, yes. But realize that counseling may only be the first step in a process that leads you to identify and understand your problems – and ultimately helps you decide what you need to do to achieve a healthy and positive outcome. Etc...

You agree with Miller, talking helps.

Do you agree with Jensen—counseling doesn't solve your problems?

No- Jensen's wrong.

Discuss new Army policy regarding behavioral health.

You are behind in your finances. You do not have any job prospects. You and Karen are not getting along. You are getting desperate and having suicidal thoughts. You talk about active duty, but it is not an option. Your friend Miller comes over to talk about a possible business opportunity.

You tell him that you have to do this—there are no other options. Miller asks if you are all right. Give Miller's business proposition a try?

Yes—you have to.

This offer is actually giving you reason for hope. So...

Would you say you're doing all right?

No.

You tell Miller what has been going on. You have been thinking about suicide. Karen and Miller take you to the nearest emergency room.

RESOURCES

Discuss available resources at your installation and within your community. Reinforce ACE.

You've completed SFC Richard Peterson. Good job.

Re-entering civilian life following a deployment is a difficult situation.

Review USERRA Guidelines

You are getting counseling. Eventually, you find a job in your field and your relationship with your Family is improving.

RICHARD PETERSON

(CONTINUED)

Opening Video

MAIN MENU CLICK RICHARD PETERSON - This is you—Richard Peterson, Sergeant First Class, U.S. Army National Guard. You were deployed for more than a year and now you need your old job back. Your boss tells you he does not have anything for you right now. You know there are laws that protect your job, but you are not sure you even want this job, so, you leave on a friendly note.

You desperately need caffeine and head to the local coffee shop. There is a guy complaining about his latte and holding up the line.
You are about to lose it.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) applies to all private and public employers and mandates that service members be reemployed in their original position if they gave prior notice of their deployment and followed other guidelines as stated within USERRA. Etc...

What do you want to do?

Straighten out this idiot.

You approach the guy and tell him he is holding up the line. You end up in a physical confrontation and leave the shop in a hurry. You never get your coffee.

You are at home working on your resume. You've had a few beers before your wife, Karen, and the kids come home. She asks about your job and you tell her. She wants to talk about it.

Is it your responsibility to set this guy straight? Now you have drawn yourself into a confrontation that has gotten out of hand. Save your energy to fight your own battles, which, at this point, include securing employment to take care of your household.

Discuss UCMJ

What do you want to do?

Tell her to back off—that's all you can do.

You tell her to back off, but she won't.

Karen pushes the issue and you end up in an argument. You are angry and punch the side of the house. She leaves you alone.

Continue onto next page

RICHARD PETERSON

(CONTINUED)

Effective family communication takes work—it is rarely convenient and it is not easy—but your Family is everything to you, so the alternative is not an option. Use the TOTAL formula: Etc...

TOTAL formula:

- T Set aside a TIME when you are calmer—you don't have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)
- O Decide who OWNS what part of the problem—that will determine when you TALK and when you LISTEN.
- T TALK in a non-threatening way. Start off with "I" for the part of the problem you own: "I feel like I'm between a rock and a hard place. I need the job, but can't go back there." (Instead of, "You just don't get it.")
- A ACTIVELY switch gears from talking to listening—make it happen often, even when you aren't finished "speaking your piece."
- L LISTEN sincerely to the other's feelings, words, behaviors. This means you put yourself in their shoes ("You're not just worried about the bills adding up. You're afraid because our whole future is blurred.")

Two weeks later, you're at weekend training with SSG Jensen, your squad leader and SFC Miller a platoon sergeant. You are talking about how hard it can be to get back into life as a civilian and the job situation You talk about going on active duty.

Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.

Miller tells you that he has been getting help and talking with someone. Jensen does not think talking to someone is helpful.

This isn't true and indicates that you feel a lack of power over your circumstances. Seeking counseling can be the first step in a process that leads you to identify and understand the challenges – and ultimately helps you decide what you need to do to achieve a healthy and positive outcome.

Discuss the importance of seeking help early.

You agree with Jensen.

Do you agree with Jensen—counseling doesn't solve your problems?

Yeah, Jensen's right...

You are behind in your finances. You do not have any job prospects. You and Karen are not getting along. You are getting desperate and having suicidal thoughts. You talk about active duty, but it is not an option. Your friend Miller comes over to talk about a possible business opportunity.

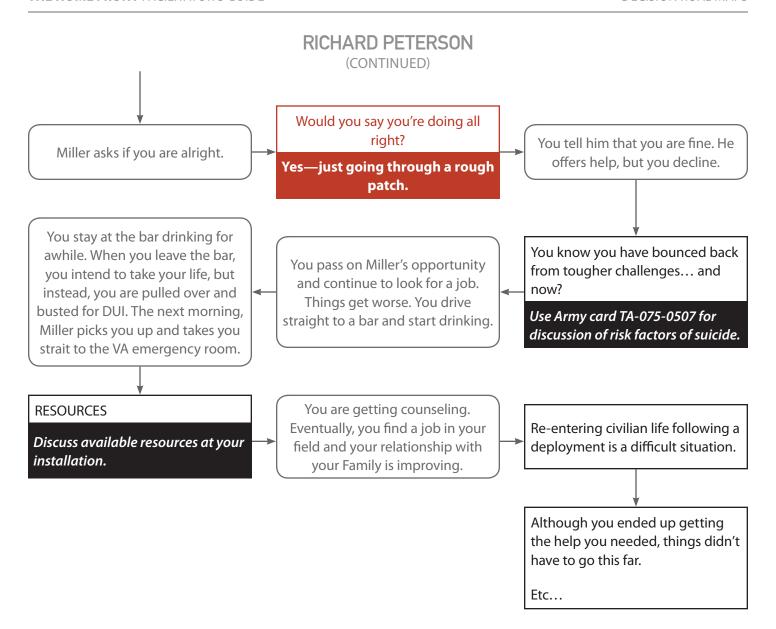
You tell him that it won't work. There is nothing that can solve your problems.

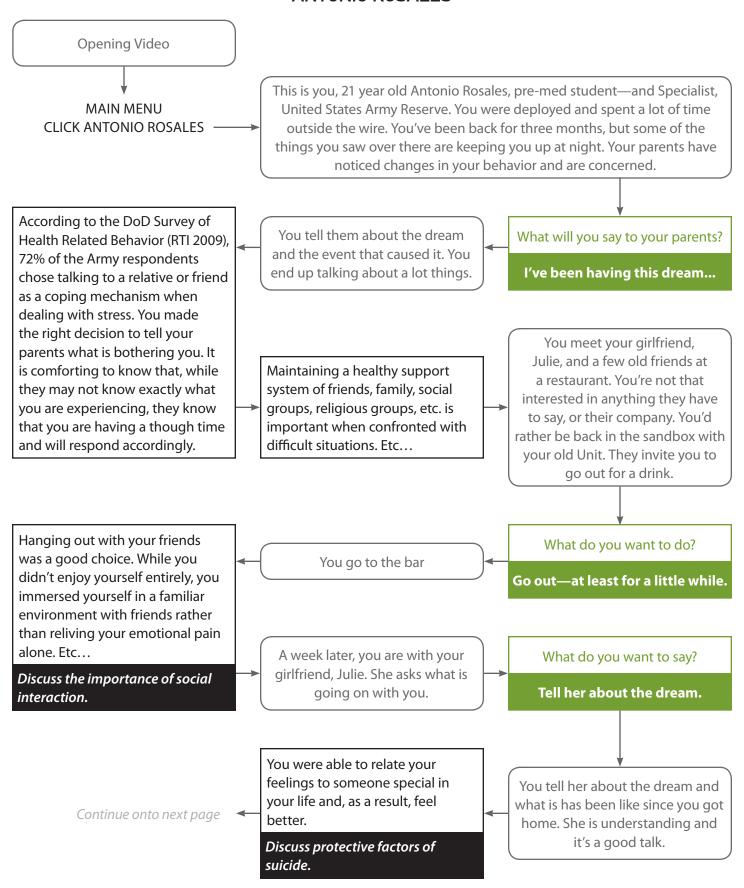
Give Miller's business proposition a try?

No. It won't work.

Given your state of mind, there is only one answer.

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(CONTINUED)

A week later, you attend your first weekend training since redeploying home. When you got back, you were placed in a different Company. Most of these guys haven't been deployed and can't relate to what you've been through. You stop going to school and spend most of your time in your room. You recognize that you're not completely healthy when you begin to have thoughts about how much easier it would be if you just found a way out.

You walk in to find your parents and Julie waiting for you. They ask if you are thinking about suicide.
You are embarrassed, but tell them the truth. You agree to get help.

If you suspect a person is considering suicide, ask him or her directly.

Discuss risk factors of suicide.

You've agreed to get help—but how?

Go to your local hospital.

You are getting help and on a gradual path to recovery. You and Julie break up, but you are okay. You are dealing with it in a healthy way, something you've learned over the past few months. You are feeling strong.

Your parents made the correct decision to get you help immediately.

Discuss ACE.

Your parents take you straight to the local emergency room.

List of resources.

Available resources at your installation.

You can now recognize some of the warning signs and co-occurring risk factors of suicidal ideation.

Discuss importance of taking suicidal ideation seriously.

Opening Video

MAIN MENU

CLICK ANTONIO ROSALES

This is you, 21 year old Antonio Rosales, pre-med student—and Specialist, United States Army Reserve. You were deployed and spent a lot of time outside the wire. You've been back for three months, but some of the things you saw over there are keeping you up at night. Your parents have noticed changes in your behavior and are concerned.

Continue onto next page

You tell them not to treat you like a kid and leave it at that.

What will you say to your parents?

Don't treat me like a kid.

(CONTINUED)

You are placing a barrier between you and your problem and you and your parents, a crucial part of your social support system. In your attempt to shut out your internal conflict, do not shut out those who care for you and can recognize when you need help.

Maintaining a healthy support system of friends, family, social groups, religious groups, etc. is important when confronted with difficult situations. Etc...

Discuss importance of social integration and ask for examples.

You meet your girlfriend,
Julie, and a few old friends at
a restaurant. You're not that
interested in anything they have
to say, or their company. You'd
rather be back in the sandbox with
your old Unit. They invite you to
go out for a drink.

The emotional distress that you are trying to avoid confronting has caused you to avoid situations where you think your true colors will be revealed.

Discuss importance of social integration and its positive effect on mood.

You tell them that you will meet them there, but then go home instead.

A week later, you are with your girlfriend, Julie. She asks what is going on with you.

What do you want to do?

Tell them what they what they want to hear—then go home.

What do you want to say?

Tell her you don't want to talk about it—she wouldn't understand any of it.

Your sudden angry outbursts are a cause for concern and could be indicative of a behavioral health condition.

Again, you are placing a barrier to help up between yourself and Julie. Do not allow your anger to control your outlook on life and your behaviors. Everyone is angry from time to time and given your recent deployment, you are entitled to feel this emotion more strongly than others. You are not entitled, however, to blame anger for your behaviors and current situation.

You tell her that you don't want to talk about it and she wouldn't understand anyway. You leave her crying.

A week later, you attend your first weekend training since redeploying home. When you got back, you were placed in a different Company. Most of these guys have not been deployed and cannot relate to what you have been through. You stop going to school and spend most of your time in your room. You recognize that you are not completely healthy when you begin to have thoughts about how much easier it would be if you just found a way out.

You are isolating yourself from family and friends, school and familiar activities.

Discuss risk factors of suicide.

A few weeks later you are at home. There is a call from your squad leader—you are AWOL., but you do not care. The squad leader explains to your mom that you talked to a counselor when you were deployed. Your parents confront you about what is going on. They want an answer.

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What do you want to do?

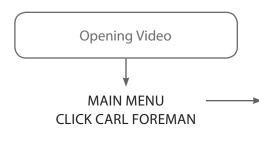
Tell them you're fine and you'll straighten this out with SSG Arbus.

You tell your parents that you are fine and that you will straighten everything out with your squad leader. The next day, your parents find you sitting in the garage next to a makeshift noose and a step ladder. They know you need help and take you to the local emergency room.

A sudden change in behavior, positive or negative, should be noted with extreme caution in a person who is having difficulties.

Review ACE.

CARL FOREMAN



This is you, Carl Foreman. The BRAC is forcing you to move—but your mortgage is upside down—your wife doesn't want to sell or shut down her business, which isn't doing so great lately, and your kids, especially your daughter Molly, are not happy. Nobody's happy.

The next morning at work you're still thinking about the night before. You are in the middle of working on the BRAC implementation plan and feeling a lot of anxiety. You take some of the anti-anxiety medication that your doctor has prescribed for you and try to get back to work. Your boss, Mr. Morales comes in to tell you that he needs that plan by close of business. By the end of the day, you have not made a lot of progress on the plan. Mr. Morales stops by your desk and asks if the plan is ready.

Molly is voicing what the entire Family is feeling—the exasperation and anxiety of having to move from the community to which they belong.

Discuss best way to have a positive Communication

What do you say to your boss?

Tell him you got sidetracked and ask for more time.

You tell your boss that you got a little sidetracked and could use a little more time. He is not happy, but gives you until close of business tomorrow to finish it.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

Instead of avoiding the issue you are confronted with, reach out to Molly, Jack and Ellen and seek their inputs for a solution.

As members of your Family, they share a special bond with you that affects your competence as both a father and a husband.

While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.

Although you have been granted more time to complete your project, the issues you are confronted with are far from being resolved.

Discuss how Carl's personal problems are beginning to interfere with his work performance.

You are cleaning up after dinner when Ellen tells you that she did a lot of work with the finances. She did the books for the business and talked to the mortgage company. You know that Ellen wants to talk—about her business, the house, the kids and the move. All you want to do is finish this, collapse into bed, and escape into sleep.

Continue onto next page

CARL FOREMAN (CONTINUED)

What do you want to do?

Talk to your wife.

You and Ellen sit down and talk. You don't necessarily solve anything. But you're reminded that your wife is your best friend—your partner—and that you can lean on her if you need to.

By being truthful with your supervisor you have relieved yourself of the anxiety and guilt associated with your recent poor performance. Now that you have been upfront with Morales, you are able to efficiently do your work.

You've got until COB to finish your report. You're glad you were truthful about that—hard as it is to focus, you make some headway.

Meaningful communication and openness are two important building blocks in the foundation of strong, healthy relationship. You should still seek help from other trusted individuals who can offer support, such as relatives, your pastor or close friends.

Morales has given you an extension on your deadline, showing his support for you during this stressful period in your life.

You are busy working on the report when you receive yet another angry text message from your daughter. You do not have time to deal with this.

So you decide to take a break. A few co-workers are in the break area, and you get involved in some chatter.

When you get back you feel a little fresher, and you're able to approach your work with renewed enthusiasm.

It might be time for a break, right?

Yes.

It helpful to take time to step away from your desk and mingle with co-workers as a way to recharge. Even when under duress, self care should be maintained as a coping mechanism. It allows you to refocus your outlook on the challenges you are faced with.

Discuss the importance of social interaction with co-workers.

You finish up and hurry home, late as usual, when you run into an old friend, Dave. You start to talk about everything that you are going through. He invites you out for a drink, or a cup of coffee.

What do you want to do?

Go grab a coffee.

Continue onto next page

What do you want to tell Ellen?

"The kids will be fine. We can have a late dinner."

You call Ellen to check with her about going with your friend. She tells you she will not be able to go home to make the kids dinner. You know you have responsibilities, but...

CARL FOREMAN (CONTINUED)

And you're just hanging out with a buddy.

You didn't even realize how much you've missed this...

Good choice —friends and co-workers are a crucial part of the social support system that helps keep you healthy. This will help you gain a different perspective on your situation, which may help you come up with a better plan. Your kids will be fine—and they'll be even better if you're taking good care of yourself.

Discuss the importance of self-care.

You kept the line of communication open between you and your wife. As a result, you have her support when you need it most.

Discuss how important it is to take suicidal threats seriously.

The next day Ellen calls Manuel.
He provides a list of resources
and also gets you in touch with
HR. You and your wife start the
process of getting the help you
need.

You stew on that conversation all day at work the next day. And it seems like you and Ellen start arguing the minute you get home.

Later, Molly has an announcement to make... What you don't say is that you feel like a failure...

Protective factors are reinforced by a healthy support system of friends and family, participation in social groups and/or religious groups and seeking help from trained behavioral health professionals. It is important when confronted with difficult situations to use all of the resources available to you in order to make an informed decision.

Ask input from students for example of use of protective factors in time of crisis.

You're not alone.

It takes courage to seek help. Remember: Families of DA Civilians are also eligible to participate in counseling.

You've Completed Carl Foreman. Good Job. You get regular counseling. Life isn't perfect, no... but you've achieved your goal—your Family's together...

Some of the warning signs you exhibited were:

Change in personal Habits

Change in Mood

Withdrawal from Social situations

Work-related problems

Feeling Sad, depressed and/or hopeless

CARL FOREMAN (CONTINUED)

Opening Video

MAIN MENU
CLICK CARL FOREMAN

This is you, Carl Foreman. The BRAC is forcing you to move—but your mortgage is upside down—your wife doesn't want to sell or shut down her business, which isn't doing so great lately, and your kids, especially your daughter Molly, are not happy. Nobody's happy.

The next morning at work you're still thinking about the night before. You are in the middle of working on the BRAC implementation plan and feeling a lot of anxiety. You take some of the anti-anxiety medication that your doctor has prescribed for you and try to get back to work. Your boss, Mr. Morales comes in to tell you that he needs that plan by close of business. By the end of the day, you have not made a lot of progress on the plan. Mr. Morales stops by your desk and asks if the plan is ready.

Molly is voicing what the entire Family is feeling—the exasperation and anxiety of having to move from the community to which they belong.

How could you express yourselves to each other in a meaningful, rather than argumentative, way?

What do you say to your boss?

Tell him you're almost finished and you'll send it out in a minute. You tell him that you will send it to him in a minute. You gather your things, then write an email that says the plan is attached. You send the email without the attachment and hurry out of the office. You will work on it tonight at home.

Instead of avoiding the issue you are confronted with, reach out to Molly, Jack and Ellen and seek their inputs for a solution.

As members of your Family, they share a special bond with you that affects your competence as both a father and a husband.

Discuss issue of substance abuse.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

It's understandable that you did not want your boss to know that you have not completed your work. If your intentions are to actually complete the document tonight, then your action will be effective.

Discuss how Carl's personal problems are beginning to interfere with his work performance.

You are cleaning up after dinner when Ellen tells you that she did a lot of work with the finances. She did the books for the business and talked to the mortgage company. You know that Ellen wants to talk—about her business, the house, the kids and the move. All you want to do is finish this, collapse into bed, and escape into sleep.

What do you want to do?

Tell her that the Family is out of options and that she just needs to accept it.

Continue onto next page

So, that's what you do. Ellen leaves the room upset.

CARL FOREMAN (CONTINUED)

You made a definitive statement by declaring that the Family is out of options and Ellen misinterpreted your resignation as being overbearing in her life.

What did you really mean to say?

Effective communication will ensure that what is said is understood by both parties.

Discuss how effective communication can enhance family dynamic.

It's the next morning. Mr. Morales comes by and tells you that he did nor receive the attachment. You tell him that you will re-send it and he leaves. You did not finish the report last night. He comes by again and you tell him the same thing. Later, Mr. Morales calls you and asks you to come to his office. He is unhappy. He asks if there is anything wrong and when he can have the report. You tell him you will have it done by the end of the day.

You missed an opportunity to relate your situation to Mr. Morales and receive his support for your current situation.

Letting other people know about your situation can lessen your burden. Importance of self care.

It might be time for a break, right?

Yes. Give it up for a minute.

It's a slog, and you don't get a lot done. For the first time in your life you wonder what it would be like to take a handful of pills with a bottle of whiskey and just slip away.

It's understandable to have a sense of urgency about your work—but you may perform better if you take the time to recharge your batteries.

Discuss the danger of relying on control substance to carry out your work.

But you remember how stern Manuel was—and you don't feel that you have a choice—you have to get back to work.

Recognize this as a danger—talk to someone NOW.

You finish up and hurry home, late as usual, when you run into an old friend, Dave. You start to talk about everything that you are going through. He invites you out for a drink, or a cup of coffee.

What do you want to do?

Tell him you'll hang out another time soon.

You missed out on an opportunity to talk to someone to get a different perspective to consider in your deliberation regarding your move. You need to stop isolating yourself from outlets of support. Standing alone in this whirlwind is only going to leave you hurt in the end.

Is the rejection of social interaction a good or bad thing?

You tell him that you can't, but that you'll call him soon.

Continue onto next page

CARL FOREMAN (CONTINUED)

At dinner, your daughter announces that she will not be moving with you. She will live with her aunt and uncle. You look to your wife for support, but she backs your daughter. You feel like a failure.

Ask the audience to list some of the warning sings exhibited by Carl.

Some of the warning signs you exhibited were:

Change in personal habits (drinking more than usual)

Change in mood

Withdrawal from social situations

Work-related problems

Feeling sad, depressed and/or hopeless

Although you ended up getting the help you needed, things didn't have to go this far.

You might want to think about playing through Carl Foreman again—and try to make the choices that will help you and your Family avoid the pain associated with your downward emotional spiral.

Discuss Question 21 and the resources available in your community.

You get regular counseling. It doesn't change your situation, but you've got a lot of perspective back. Life isn't perfect, no, but you've achieved your goal—your Family's together.

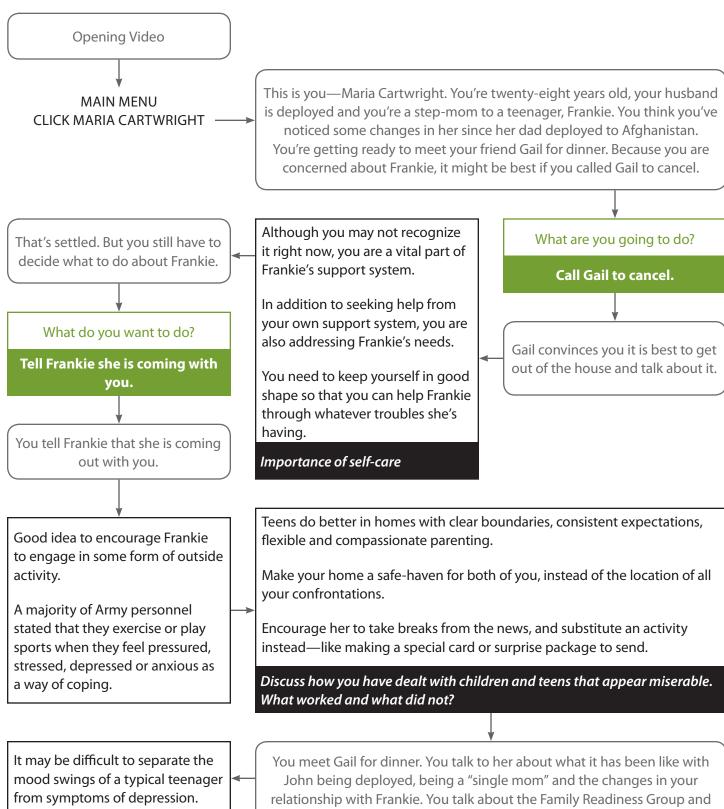
You're not alone.

It takes courage to seek help.

Where would you like to go?

[Select an Answer]

MARIA CARTWRIGHT



Continue onto next page

that you have not gone because of feeling like an outsider.

Gail does make you feel better, and you're glad you came out. You're still unsure about what's going on with Frankie.

MARIA CARTWRIGHT

(CONTINUED)

A week later, you are attending parent—teacher conferences at Frankie's school. Frankie's teacher tells you he is worried about Frankie. Her work is falling off, she has become quiet and is not socializing with her friends like she used to. He shows you a picture that Frankie drew of a Soldier that appears to be mutilated after a bomb blast. You are concerned and seek out the guidance counselor, but she is busy with other parents.

What do you want to do?

Email John.

You email John and he calls you within the hour. He talks to you about the FRG. He is glad you emailed him and tells you that you are not alone.

Go ahead and write him?

Yes.

Writing John seems like the right thing to do, but you know he is handling a lot right now, and her well being is your responsibility. Should you write him?

Active parenting is essential.

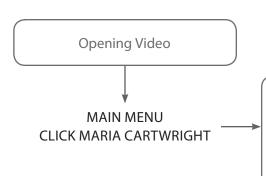
Communication is paramount.

One afternoon, you pick up Frankie after school and tell her that you are going to see a counselor. You have talked to her dad about it and agree that it's the best thing. Frankie is not happy, but you do what you have to do and try to think about something else.

You are not alone. The Army has an array of resources available to the Family members of deployed persons. A month later you are with Gail talking about Frankie's progress. Gail can sympathize, but thinks you need to got to the FRG for additional support. You get involved in your Family Readiness Group. Frankie is doing better and you are getting the support you need.

You may not get a big "thank you" when you intervene with someone this way.

But know that you are doing what's best for someone who may be at risk.



This is you —Maria Cartwright. You're twenty-eight years old, your husband is deployed and you're a step-mom to a teenager, Frankie. You think you've noticed some changes in her since her dad deployed to Afghanistan. You're getting ready to meet your friend Gail for dinner. Because you are concerned about Frankie, it might be best if you called Gail to cancel.

Continue onto next page

MARIA CARTWRIGHT (CONTINUED)

What are you going to do?

Decide to go to dinner.

You need some time to decompress—and dinner with a friend will help.

Although you may not recognize it right now, you are a vital part of Frankie's support system.

In addition to seeking help from your own support system, you are also addressing Frankie's needs.

You need to keep yourself in good shape so that you can help Frankie through whatever troubles she's having.

Click on 'Depression and Suicide Risk Factors' tab on discuss. Frankie's separation from her dad acts as the trigger point for her downward spiral. Her behaviors and attitude reflect her saddened outlook. Such a state of mind could lead to suicidal ideation, should Frankie believe that her life will not get any better.

You yell through the door that you are going out, and tell her you will call to check on her later.

What do you want to do?

Don't upset her—leave her alone and call to check up on her.

That's settled. But you still have to decide what to do about Frankie.

It may have been a better idea to try to engage Frankie in conversation—and in outside activity. Teens do better in homes with clear boundaries, consistent expectations, flexible and compassionate parenting.

Make your home a safe-haven for both of you, instead of the location of all your confrontations.

Encourage her to take breaks from the news, and substitute an activity instead—like making a special card or surprise package to send.

It may be difficult to separate the mood swings of a typical teenager from symptoms of depression.

Some practical suggestions: find time when you teen can casually talk about concerns- such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It's not easy, but you can do this by thinking of how you would respond if this was the neighbor's teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding.

Remember; make your home a safe haven instead of the location of all of your confrontations.

Continue onto next page

You meet Gail for dinner. You talk to her about what it has been like with John being deployed, being a "single mom" and the changes in your relationship with Frankie . You talk about the Family Readiness Group and that you have not gone because of feeling like an outsider.

Gail does make you feel better, and you're glad you came out. You're still unsure about what's going on with Frankie.

MARIA CARTWRIGHT (CONTINUED)

A week later, you are attending parent-teacher conferences at Frankie's school. Frankie's teacher tells you he is worried about Frankie. Her work is falling off, she has become quiet and is not socializing with her friends like she used to. He shows you a picture that Frankie drew of a Soldier that appears to be mutilated after a bomb blast. You are concerned and seek out the guidance

counselor, but she is busy with other parents.

What do you want to do?

Just keep an eye on her.

There may not be anything seriously wrong—but it is important to note the tangible signs:

Frankie is withdrawn from others, does not actively participate in school, is short-tempered and has had a change in sleeping habits.

She may be displaying signs of a behavioral health condition or warning signs for suicide. You need to seek professional help.

You haven't seen anything concrete. You can handle this for now.

You receive a phone call from Frankie's school. She has been skipping school. You tell her that you will be picking her up from school everyday. One day when you go to pick up Frankie after school, she is not there. You call the police . You call John and finally tell him everything. The police finally call and say they found her. You pick her up and take her straight to the hospital.

You are not alone. The Army has an array of resources available to you.

Go back and try this again.

Adolescent suicide can be reduced up to 85% if the following protective factors are in place: etc...

According to the American Association of Suicidology (2009), statistics reveal that suicide is the 11th-leading cause of death in the United States and the third-leading cause of death among 15- to 24-year-olds. This translates into 80 deaths by suicide daily, or one every 18 minutes. In fact, more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. In addition, it is estimated that for every death by suicide, there are about 25 nonfatal suicide attempts (Holmes & Holmes, 2005).



APPENDIX D⁵

⁵ The following 3(three) pages do not have page numbers nor headers or footers because they are images of a scanned document.



THE SECRETARY OF DEFENSE

1000 DEFENSE PENTAGON WASHINGTON, DC 20301-1000

APR 18 2008

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS

CHAIRMAN OF THE JOINT CHIEFS OF STAFF

UNDER SECRETARIES OF DEFENSE

ASSISTANT SECRETARIES OF DEFENSE

GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE

INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE

DIRECTOR, ADMINISTRATION AND MANAGEMENT

DIRECTORS OF DEFENSE AGENCIES

DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Policy Implementation – Mental Health Question, Standard Form (SF) 86, Questionnaire for National Security Positions

The Department of Defense (DoD) successfully advocated a revision to Question 21 on the SF86 regarding mental and emotional health. Effective immediately, DoD Components will distribute the attached letter and the revised Question 21 language to all Service members, and to all DoD Civilians occupying sensitive positions.

Until the updated SF86 (Office of Management and Budget Approval Number 3206-0005) is published later this year, all individuals completing the form will respond to Question 21, whether hard copy or in electronic format, using the revised language. DoD Components must ensure the immediate implementation of this policy. Questions may be directed to Ms. Andrea Upperman at Andrea. Upperman@osd.mil or (703) 604-1112.

Attachments:

- 1. Memorandum to All Individuals Completing the SF86 Questionnaire for National Security Positions
- 2. Question 21 Revised (Feb 08)





ATTES OF STATES OF STATES

OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1000

To: All Individuals Completing the SF86 Questionnaire for National Security Positions

The purpose of this cover letter is to reaffirm that the Department of Defense strongly endorses the practice of seeking professional help to address all health-related concerns, whether mental or physical. The Department considers it a mark of strength and maturity to seek appropriate healthcare, whenever required. This is especially important for DoD, whose members are routinely exposed to traumatic events with psychological and physical impact beyond those encountered in other environments.

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health treatment. The revised question, which is attached for reference, excludes counseling related to marital, family, or grief issues, unless related to violence by you. It also rules out counseling for adjustments from service in a military combat environment.

Seeking professional care for these mental health issues should not be perceived to jeopardize an individual's security clearance. On the contrary, failure to seek care actually increases the likelihood that psychological distress could escalate to a more serious mental condition, which could preclude an individual from performing sensitive duties.

Thus, we encourage you to seek care when necessary, knowing that getting professional assistance as needed is the best way to sustain one's ability to perform well. A grateful Nation entrusts you with its safety and wellbeing, and counts on you to maintain your mental and physical health.

Sincerely,

James R. Clapper, Jr.

Under Secretary of Defense

Intelligence

David S. C. Chu

Under Secretary of Defense Personnel and Readiness

Attachment:

Question 21 – Revised (Feb 08)



OFFICE OF THE SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1000

To: All Individuals Completing the SF86 Questionnaire for National Security Positions

Until the Office of Personnel and Management publishes an updated SF86 later this year, all individuals completing the form will respond to Question 21 using the revised language, whether hard copy or in electronic format.

Sincerely,

lames R. Clapper, J.

Under Secretary of Defense

Intelligence

David S. C. Chu

Under Secretary of Defense Personnel and Readiness

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Standard Form 86, Question 21 – Revised (Feb 2008)

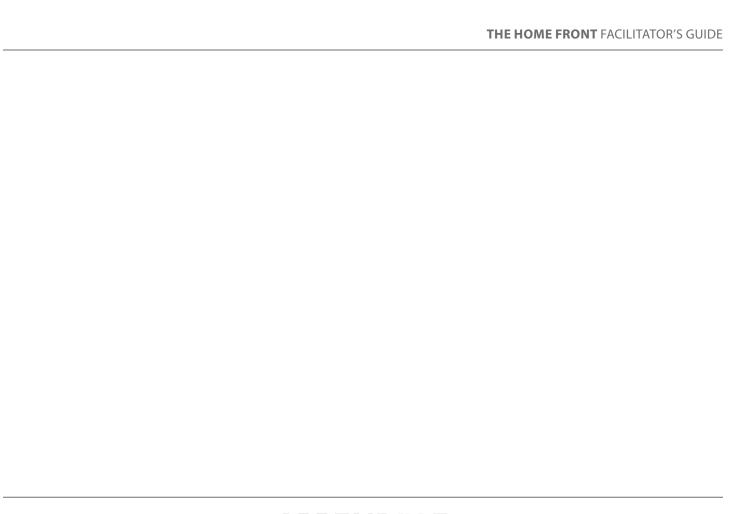
Mental health counseling in and of itself is not a reason to revoke or deny a clearance.

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

Answer "No" if the counseling was for any of the following reasons and was not court-ordered:

- strictly marital, family, grief not related to violence by you; or
- strictly related to adjustments from service in a military combat environment.

If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).



APPENDIX E

THE HOME FRONT TRAINING VIDEO PRE-TEST

Date (mm/dd/yy):/	Army Component
Gender: Male Female	Active Duty
Deployment Status:	Guard
1 st 2 nd 3 rd or more Never Deployed	Reserve
Rank: E1 – E4	DA Civilian
E5 – E6	Family

1. Imagine yourself in a situation where you might be able to help someone who is demonstrating risk factors and signs of suicide. Please answer the questions by the marking the box that best fits you.

SCALE: 1—Not at All to 5—Fully Comfortable	1	2	3	4	5
a) How comfortable would you feel helping this individual who has thoughts of suicide?					
b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?					
c) Overall how confident are you that you would try to help this person?					

2. Please rate your level of knowledge by marking the box that best fits you.

SCALE: 1—Very Low to 5—Very High	1	2	3	4	5
a) Facts about suicide.					
b) Suicide risk factors and warning signs.					
c) How to ask someone about suicide.					
d) How to get help for someone who is demonstrating risk factors and signs of suicide.					

3. The following questions are intended to assess your knowledge about suicide prevention and intervention. Please mark the box that best fits you.

SCALE: 1—Strongly Agree to 5—Strongly Disagree	1	2	3	4	5
a) If a buddy I knew told me that he/she was thinking of suicide, I would want to get more information about his/her plan.					
b) It is harmful for me to engage in open communication when dealing with someone at risk of suicide.					
c) If a person knew was showing suggestive signs of suicide I would raise the question of suicide with him/her.					
d) If a person admits to feelings of suicide I would refer the person to a Chaplain or behavioral health professional.					
e) It is okay to leave someone alone who is thinking of suicide.					

THE HOME FRONT TRAINING VIDEO POST-TEST

Now that you have viewed the Home Front Training Video, revisit some of the questions previously asked to assess any change in your understanding of suicide risk factors and warning signs and your confidence in being able to assist a fellow Soldier in need.

1. Imagine yourself in a situation where you might be able to help someone who is demonstrating and signs of suicide. Please answer the questions by the marking the box that best fits you.

SCALE: 1—Not at All to 5—Fully Comfortable	1	2	3	4	5
a) How comfortable would you feel helping this individual who has thoughts of suicide?					
b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?					
c) Overall how confident are you that you would try to help this person?					

2. Please rate your level of knowledge by marking the box that best fits you.

SCALE: 1—Very Low to 5—Very High	1	2	3	4	5
a) Facts about suicide.					
b) Suicide risk factors and warning signs.					
c) How to ask someone about suicide.					
d) How to get help for someone who is demonstrating risk factors and signs of suicide.					

3. Please answer the following questions by marking the box that most represents your answer.

SCALE: 1—Not at All to 5—Very Much	1	2	3	4	5
a) How valuable was this interactive video training for increasing your awareness of suicide risk?					
b) How valuable was this training for improving your ability to talk about suicide?					
c) How valuable was this training for teaching you how to respond if you think your buddy is at a high risk for suicide?					
d) How clear was this training about what to do if you are the one who is thinking about suicide?					
e) How satisfied were your with the training?					

4. Did the video stir up any emotions that were not present prior to viewing the vide

Yes	No

SCALE: 1—Low to 5—High	1	2	3	4	5
5. Please rate the overall quality of the interactive video.					





